

# Merchant Services

# Merchant Change Form

DBA [ ]

Address [ ]

Telephone [ ]

Fax Number [ ]

DDA [ ]

<b>Merchant MID#:</b>					
<b>Merchant DBA:</b>			<b>Legal Name:</b>		
<b>Mailing Address:</b>				<b>City:</b>	
<b>State:</b>				<b>Zip Code:</b>	
<b>Phone Number:</b>				<b>Fax Number:</b>	

Authorization For ACH Debits/Credits: The Merchant Bank is authorized to initiate or transmit automatic credit and/ordebit entries to the account identified in the attached voided check relating to the following account:

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Acct# \_\_\_\_\_

**\*Please allow two business days upon receipt to process all status changes. Items received after 2PM EST will be included with the next business day's requests.**

(ATTACH A VOIDED CHECK HERE)
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The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant.

### Signatures

Merchant Signature:	Date:
Print Name:	

Return this completed and signed form along with a copy of a voided check or bank letter to:  
Fax: (949)861-4444

For Internal Use Only

Representative's Name:		Date Submitted:	
Verified By:	:	Date Confirmed Receipt:	: