



| | |
|---------------------------------|--|
| Date: | |
| Agent Name: | |
| Agent Contact Name: | |
| Agent Phone Number: | |
| Agent Email Address: | |
| Merchant Number: | |
| Merchant DBA: | |
| Merchant (Requestor's Name): | |
| Federal Tax ID: | |
| Signers Social Security Number: | |
| Merchant Phone Number: | |

ABA/DDA Change Request

(Please fax completed forms to 1-888-324-8814)

**Agents may submit requests through the Ticketing system and upload the appropriate attachments.

| | |
|-------------------------------|--|
| Bank Rep Name: | |
| Bank Rep Phone Number: | |

| | Old Values | New Values |
|------------------------------|------------|------------|
| ABA/Routing Number: | | |
| DDA / Account Number: | | |

(Affix Voided Check Here – Bank Letter Should Be Attached As a Separate Page)



Merchants Signature

Date

Merchants Printed Name

Merchants Title

**Note - Only the application signer or authorized contact is permitted to submit bank change requests. Forms submitted by another party will be rejected via a ticket to the agent.