



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:		

Must Include Most Recent Months Bank Statement

(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.