

Bank Account Change Form

Please complete all fields below. Incomplete forms CANNOT be processed.

Please fax completed form and a copy of your voided check to (888) 324-8814

When would you like this change implemented? ___ / ___ / ___

Please allow 3-5 business days to process.

Merchant # (MID): _____

If multiple MIDs are affected by this change, please submit a separate form for each MID.

Business name: _____

Fed Tax ID*: _____

Please apply changes to:[†] Visa, MasterCard, Discover, Amex, PIN-based debit, Secur-Chex and FirstAdvantage gift cards

Merimac Capital Leasing

FirstFund ACH processing

Bank Account Information

New routing #: _____ New account #: _____

Checking acct
 Savings acct

This should be the bank routing and account number for ACH transactions. This occasionally differs from what is printed at the bottom of your check. Please contact your bank to verify that you have the correct information for ACH transactions.

Name listed on bank account: _____

Name of bank: _____ Branch phone: _____

Branch address: _____ City/State/Zip: _____

Bank rep name: _____

This new bank information should replace the following bank information currently on file:

Old routing #: _____ Old account #: _____

Is the business under new ownership? Yes No *If yes, please state the new owner's name & contact phone number below.*

New owner: _____ Phone: _____

Attach Voided Check Here

If no voided check is available, have a bank representative complete the following bank authorization information. (Bank verification is also required on all temporary checks.)


For purpose of establishing ACH transfer between banks, I certify that the above bank account information is correct and the bank indicated is able to accept unlimited ACH transfers.

Bank rep signature: _____  Date: _____

Print name: _____ Phone: _____ Title: _____

Authorization

I hereby authorize my bank and any employees or officers to verify the information requested on this form for the purpose of completing my bank account change request. **I agree to these changes and a \$20.00 fee for programming.** Please do not send payment. This fee will automatically be deducted from the new bank account.

Merchant signature: _____ 

(Must be original contract signer's signature)

Print name: _____ Date: _____

[†] If your Federal Tax ID number has changed, you may be required to submit a new application for merchant processing in lieu of this form.