

# 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 (817) 317-7385 or mail to 100 Throckmorton St. Suite 1800, Fort Worth, TX 76102

When would you like this change implemented? \_\_\_ / \_\_\_ / \_\_\_ Merchant # (MID): \_\_\_\_\_

Business name: \_\_\_\_\_ Federal Tax ID\*: \_\_\_\_\_

Please apply changes to<sup>†</sup>:  Visa, MasterCard, Discover, PIN based debit, Secur-Chex and FirstAdvantage gift cards  Merimac Capital Leasing  FirstFund ACH Processing

Please allow 3 to 5 business days to process. If multiple MIDs are affected by this change, please submit a separate form for each MID.

## BANK ACCOUNT INFORMATION

New routing #: \_\_\_\_\_ New account #: \_\_\_\_\_  Checking  Savings

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 and 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: \_\_\_\_\_ Title: \_\_\_\_\_

Bank rep printed name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 \$35.00 fee for programming. Do not send payment. This fee will automatically be deducted from the new bank account.)

Merchant signature: \_\_\_\_\_  
(Must be original contract signer's signature)

Merchant printed 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.

<sup>†</sup> If you are doing business directly with American Express, please contact them directly to request changes.