

BANK ACCOUNT NUMBER FOR ACH DEBITS / CREDITS CHANGE REQUEST FORM



IMPORTANT - PLEASE READ BEFORE PROCEEDING
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.
PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT 678-867-0867.
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE HAS BEEN VERIFIED
Thank you for your cooperation

IMPORTANT: If the merchant name on the check is different than the current name on the merchant account, the request will not be processed without completed Business Name Change form. You must also attach a preprinted voided check signed by the authorized signer on the merchant account.

Merchant Name: _____

Merchant Number: _____

Old Banking Information:

Bank Name

Bank Phone Number

Transit Routing Number / ABA Number

Account Number

New Banking Information:

Bank Name

Bank Phone Number

Transit Routing Number / ABA Number

Account Number

Signature of Authorized Principal
(as specified on the Merchant Application/Agreement)

Date

Print Name

Phone

Email Address