



CHECKING ACCOUNT CHANGE FORM

Fax Number: 877-292-3520

In order to comply with security/privacy standards, you must submit this request in writing and fax directly to our Customer Service department with a copy of:

- 1. Your **DRIVERS LICENSE**
- 2. A **VOIDED CHECK** from the new checking account

Please use this form to change the bank information for your V/MC Merchant Account:

NOTE: You must contact **AMEX** (800-528-5200) and/or **Discover** (800-347-6673) directly to change the checking account for those card types since they deposit directly into your checking account. You must also contact your Payment Gateway provider (if applicable) to change the checking account they debit they fees from.

This request can only be made by the actual **Signer** on the Merchant Account Agreement.

Required Information:

Merchant **Doing Business As** Name: _____

Your Name: _____

Title: _____

Email Address: _____

Merchant ID Number: _____

(your Merchant ID Number can be found on the Monthly Visa/MasterCard statement that is mailed to you)

Old Checking Account Number (include all zeros): _____

New Checking Account Number (include all zeros): _____

New Routing Transit Number (9 digits): _____

Please fax directly to Our Customer Service Department with a copy of:

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NOTE: In place of the “preprinted” voided check or if bank account is NOT listed under the DBA company name the Merchant account is under, we require a letter from your bank on their letterhead, listing 1) the DBA name the bank account is under, 2) checking account number, 3) routing transit number, 4) verify they will accept ACH credits and debits for the DBA name we have on the Merchant Account listed under, 5) signed and dated by the bank representative.

By signing below, I expressly authorize **PowerPay** or its affiliates to **fulfill the above request** in connection with my Merchant Account. (All information will remain strictly confidential.) I understand that this request may take up to 2 business days to complete.

X _____
Owner/Officer Signature **Date**