

CHANGE OF BANK ACCOUNT REQUEST

Please submit this form via fax at 214.614.4623

New Bank Information

Date _____	Bank Name _____
Owners Name _____	Account Number _____
Owners Name 2 _____	Routing Number _____
Bank Name _____	City _____
Business Name _____	State _____
Merchant # _____	Zip _____

Notes:

- A Voided Pre-Printed Check or Bank Letter for the new account must be attached (if mailed) or faxed to: (214) 614.4623. Temporary Checks and Deposit Slips are not acceptable.
- Please attach a copy of the account owner's driver license for signature verification. Bank change requests cannot be completed without this.
- If you have changed Corporate Name, Ownership, Partners, or from Sole proprietor to Corporation you MUST fill out a new application.
- If you process American Express, please contact them directly at: (800) 528-5200 unless you are part of the OptBlue program.

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I (print name) _____ agree, by my signature below, to the above changes and I further agree to these changes with regards to programming.

Merchant Signature X _____ Title _____ Print Name _____ Date _____
Owner 1

Merchant Signature X _____ Title _____ Print Name _____ Date _____
Owner 2

SignaPay Authorized Signature X _____ Date _____