

**MERCHANT ACCOUNT CHANGE REQUEST FORM**

Please submit this form via fax at 214.614.4623

**Current Information**

Date \_\_\_\_\_

Merchant ID # \_\_\_\_\_

DBA Name \_\_\_\_\_

Legal Name \_\_\_\_\_

Legal Address \_\_\_\_\_

DBA Address \_\_\_\_\_

**Change(s) Requested (Check all that apply)**

DBA Name \_\_\_\_\_  
*Provide legal document with new information*

DBA Address \_\_\_\_\_  
*Provide copy of Utility Bill with new information*

Legal Address \_\_\_\_\_  
*Provide Legal Documentation*

DBA Phone # \_\_\_\_\_

DBA Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

Changes that are requested must be signed by the person who signed the original merchant application.  
(Owner of the merchant application)

Print Name \_\_\_\_\_

Signature X \_\_\_\_\_