

Change Checking Account Form

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

1) your **DRIVERS LICENSE** and 2) a **PRE-PRINTED VOIDED CHECK*** from the new checking account.

Please use this form to change the checking account for your Visa/MC Merchant Account.

NOTE: This does not change the depository account for **American Express** (800-528-5200), or **Discover Card** (800-347-6673), or the billing account for **your payment gateway** = you must contact these companies directly.

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

Our fax number is: 866.304.3386

Required information:

Merchant **Doing Business As** Name _____

Your Name _____

Title _____ Phone _____

Email Address _____

LOGIN ID of your Gateway _____

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

New Checking Account Number for Change:

New Transit Routing Number for Change:

Please fax this directly to our Support Department with a copy of your **DRIVERS LICENSE** and **a PRE-PRINTED VOIDED CHECK** from the new checking account.

***IMPORTANT NOTE:** If you do NOT have a "*pre-printed*" voided check, **or** if your checking account is not listed under company name (dba) that your merchant account is under, we require a letter from your bank, on their letterhead listing the name the checking account is under, your account number, your 9 digit transit routing number, verify they will accept ACH credits and debits for the name we have the merchant account listed under, signed and dated by a bank representative.

By signing below, I expressly authorize **Interchange Plus Solutions**, LLC or its affiliates to **fulfill the above request** in connection with my Merchant Account. (All information will be maintained strictly confidential.)

X

Owner/Officer Signature

Date