



# Innovative Merchant Solutions

## Checking Account Change Request Form

Please fax this form with a copy of a **PRE-PRINTED VOIDED CHECK** associated with the checking account that should receive deposits from your merchant account, to the Quality Assurance Department at **(818) 301-2158**

The requested changes to your DDA will not be effective until the required documents are received and verified. Notification of a successful change will be sent to you via an email. To ensure that your notification is received in a timely manner, please be sure to provide your current email address.

**X My current email address is:** \_\_\_\_\_ @ \_\_\_\_\_

**(ALL ITEMS IN BOLD MUST BE PROVIDED)**

*Thank you for your cooperation and thank you for allowing us to serve your bankcard processing needs!*

**X Merchant Name:** \_\_\_\_\_ **X Merchant Number:** \_\_\_\_\_

**IMPORTANT:** If the business name (DBA) on the check does not match the name on your merchant account, the request cannot be processed until a Business Name Change Form has been completed. Please contact Merchant Services at (800) 397-0707 for a copy of this form.

### Old Banking Information:

**X Bank Name** \_\_\_\_\_ **X Bank Phone Number** \_\_\_\_\_

**X Transit Routing Number / ABA Number** \_\_\_\_\_ **X Account Number** \_\_\_\_\_

### New Banking Information \*\*\* (STARTER CHECK WILL REQUIRE A BANK LETTER)

**X Bank Name/Contact** \_\_\_\_\_ **X Bank Phone Number** \_\_\_\_\_

**X Transit Routing Number / ABA Number** \_\_\_\_\_ **X Account Number** \_\_\_\_\_

**X Name** \_\_\_\_\_ | **X Sign.** \_\_\_\_\_ **X Date** \_\_\_\_\_  
Printed Name & Signature of Authorized Principal

**NOTE: The signer of this request must correspond to the signer of the Merchant Application**

If you have any questions, please contact our Merchant Services Department at (800) 397-0707