



BANK ACCOUNT CHANGE REQUEST

Company: _____ Merchant ID#: _____

Change applies to: ACH Services Credit Card Services (Provided by ACH Direct) Both

Date of Request: _____

Individual Filling out Request: _____

Contact Phone Number: _____ E-mail: _____

As a duly authorized signer of: _____, I authorize ACH Direct, Inc. to change our bank account information as of: _____.

Change applies to: Settlement Account Billing Account Both

Authorizing Signature: _____

Title: _____

Print Name: _____

Enter current financial institution account information into the fields provided below.

Financial Institution:	Branch:	
City:	State:	Zip Code:
Transit/ABA#	Account #	

Enter NEW financial institution information in the fields provided below.

Financial Institution:	Branch:	
City:	State:	Zip Code:
Transit/ABA#	Account #	

Please provide a brief explanation for the requested change of accounts.

Upon completion, please attach a voided check and fax to (469) 675-8740.