



## ACCOUNT INFORMATION UPDATE FORM

Fax: (888) 385-5357 or Email: [customersupport@epaymentamerica.com](mailto:customersupport@epaymentamerica.com)

### Merchant Information

Merchant Business Name: \_\_\_\_\_  
Merchant Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street: \_\_\_\_\_ Unit/Suite/Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Fax: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Terminal or Point of Sale System Model: \_\_\_\_\_

### Physical Address

Street: \_\_\_\_\_ Unit/Suite/Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Mailing Address if Different Than Physical (If P.O. Box, above physical address must also be completed)

Street: \_\_\_\_\_ Unit/Suite/Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### New Contact Information

Business Phone Number: (\_\_\_\_) - \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Customer Service  
Number (if different than location phone Number): (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Current Bank Account

#### New Bank Account Checking Savings

Bank Name: \_\_\_\_\_  
Routing # (ABA): \_\_\_\_\_  
Account # (DDA): \_\_\_\_\_

(Please provide a voided check. (No starter checks can be accepted.) If you have not yet received your new checks, please have a bank officer provided written confirmation of account number and routing number on bank letterhead. )

Does this change applies solely to the Merchant Account Number listed above:

Yes  No (If no, please include details below under "Special Instructions")

Effective Date: \_\_\_/\_\_\_/\_\_\_ (Please allow up to 3 business days of processing)

Special Instructions: \_\_\_\_\_

**Failure to provide complete information can result in a delay in processing above changes. For account ownership changes please call (888) 221-2203 or email [underwriting@epaymentamerica.com](mailto:underwriting@epaymentamerica.com).**

By signing this form, I indicate that I am authorized to request the changes described above on behalf of the merchant account number listed.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

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

Account Change Requests do not apply to American Express & Discover Pass-Thru merchant accounts.

- American Express Merchant Services: 1(800) 528-5200 [www.americanexpress.com/merchant/](http://www.americanexpress.com/merchant/)
- Discover Merchant Services: 1(800) 347-2000 [www.discovernetwork.com/getstarted/merchant/merchant.html](http://www.discovernetwork.com/getstarted/merchant/merchant.html)