Request for Change to Existing Account

Please fax this form to (904)620-9067

DBA

Merchant Identification (MID) #: Phone #:
Business Name (DBA):
Federal Tax ID or Social Security #:
How would you like to be notified of the change? ☐ E-mail #1:

☐ Fax: ☐ E-mail #2:

PLEASE COMPLETE THE FORM IN ITS ENTIRETY.

CHANGES WILL BE MADE ONLY TO THE AREAS YOU SPECIFY HAVE CHANGED

PLEASE CHECK BOX FOR EITHER "NO CHANGE" OR "INFO CHANGE" ON EACH ITEM.

NO Change	Info CHANGE		
☐	☐	Business Name:	(One Character per space, maximum of 20 characters including blank spaces)
☐	☐	Corporate Name: (If Different from Business Name)	(One Character per space, maximum of 20 characters including blank spaces)
☐	☐	Federal Tax ID #:	
☐	☐	Location Street Address:	
☐	☐	City: State: Zip:	
☐	☐	Contact Person: Website:	
☐	☐	Phone # Fax #:	

PLEASE COMPLETE BELOW ONLY IF PRINCIPAL/OWNER/OFFICER INFORMATION IS CHANGING

Principal/Owner #1 Title: Ownership%:

Name: Social Security #:

Address: City, State, Zip: ,

Principle/Owner #2Title: Ownership %:

Name: Social Security #.

Address: City, State, Zip: ,

Note: If ownership or business structure is changing, please contact your sales channel or customer service for further instructions

Owner/Officer Signature (Required) Print Name and Title Date

For BANK/INTERNAL USE ONLY:

☐ NAE
☐ Agent Bank, Owner/Officer and Bank Signature Required

Requestor: Phone #:

Duly authorized Bank Officer signature required if submitting on behalf of the merchant