

Merchant Identification (MID) #: _____ Phone #: _____

Business Name (DBA): _____

Federal Tax ID or Social Security # if sole proprietor:

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How would you like to be notified of the change? E-mail #1: _____

E-mail #2: _____

**PLEASE COMPLETE THE FORM IN ITS ENTIRETY.
CHANGES WILL BE MADE ONLY TO THE AREAS YOU SPECIFY HAVE CHANGED**

DDA CHECKING ACCOUNT CHANGE:

Deposit Account

Routing/Transit #:

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 DDA Account #: _____

Billing Account Check here if same as Deposit Account

Routing/Transit #:

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 DDA Account #: _____

Chargeback Account Check here if same as Deposit Account

Routing/Transit #:

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 DDA Account #: _____

FOR DDA Changes to more than oneMID:

Indicate the total number of MID DDA changes requested: _____

Attach additional pages as necessary. Include both the Routing/Transit and DDA Account numbers for each MID for which you are requesting a change.

DOCUMENTATION REQUIRED

- **VOIDED CHECK FROM BUSINESS CHECKING ACCOUNT MUST BE INCLUDED.**
Do not use a starter check. Do not use a deposit ticket. Do not staple
- **A LETTER FROM YOUR BANK, ON BANK LETTERHEAD, CONFIRMING YOUR NEW DDA#, AND BUSINESS NAME MAY BE USED IN PLACE OF A VOIDED CHECK**

VOIDED CHECK



Request for Change to Existing Account

Please fax this form to (904)620-9067

Debit/Credit Authorization and Payment Agreement: MERCHANT HEREBY AUTHORIZES ELAVON in accordance with the merchant processing agreement (the terms of ELAVON's current Terms of Service and Merchant Operating Guide being expressly incorporated herein and agreed to by Merchant), to initiate debit/credit entries to Merchant's business checking account as indicated on the enclosed voided check. The authority is to remain in full force and effect until (a) ELAVON has received written notification from MERCHANT of its termination in such manner as to afford ELAVON reasonable opportunity to act on it; and (b) all obligations of MERCHANT to ELAVON that have arisen have been paid in full, including, but not limited to, those obligations described in the merchant processing agreement. This authorization extends to such entries in said account concerning lease, rental, or purchase agreements for POS terminal and/or accompanying equipment.

Owner/Officer Signature #1 (Required)	Print Name and Title	Date
Owner/Officer Signature #2	Print Name and Title	Date

NOTE: If you receive funding directly from American Express (800-528-5200), Discover (800-347-2000) and/or Diners Club (800-525-7376), you will need to notify them of your change, as each will need to make the appropriate changes to their system as well.

For BANK/INTERNAL USE ONLY:					<input type="checkbox"/> NAE
Requestor: _____ Phone# _____					<input type="checkbox"/> AGENT BANK Owner/Officer <u>and</u> Bank Signature Required
Duly authorized Bank Office signature required if submitting on behalf of the merchant					<input type="checkbox"/> PROCESSING BANK Bank Signature Only
Rel	Pend Reason	Approved	Keyed	Validated	

BARCODE