

# Account Number Change

Please print, sign, and fax this form to Fiserv EFT at 503-274-6619.

**This form is not to be used for any Network account number changes.**

Institution \_\_\_\_\_ FIID \_\_\_\_\_

Contact email address: \_\_\_\_\_

## CLIENTS WITH DIRECT SETTLEMENT:

Type of settlement	Old number	New number	DDA or GL
Net Institution Settlement	_____	_____	_____
Network Interchange Settlement	_____	_____	_____
Fiserv Initiated Corrections/Billing - Misc	_____	_____	_____
Adjustments Initiated by Inst/Network	_____	_____	_____
Visa or MasterCard Chargebacks/Representments	_____	_____	_____

## CLIENTS WITH CORRESPONDENT SETTLEMENT:

Type of settlement	Old number	New number	DDA or GL
Correspondent Routing/Transit number	_____	_____	_____
Account number at Correspondent Bank	_____	_____	_____

## BATCH CLIENTS – ENTRIES INCLUDED IN POSTING FILE:

Type of settlement	Old number	New number	DDA or GL
Cardholder Fees	_____	_____	_____
Entry to balance file	_____	_____	_____

## BATCH CLIENTS – TERMINAL ENTRIES INCLUDED IN POSTING FILE:

Type of settlement	New number	Indicate ATM(s) that should be tied to account.	DDA or GL
ATM Cash Out	_____	_____	_____
ATM Deposits	_____	_____	_____
ATM Surcharge	_____	_____	_____

I hereby authorize Fiserv EFT to change account numbers as above. I understand there is a \$250.00 fee for this request and by signing below I accept this charge. All Prenotes require a 16-business day lead time once new account information has been keyed into the system.

☐ I need to request a **specific** date for the change:

Date requested \_\_\_\_\_ Reason \_\_\_\_\_

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_

Please fax completed form to:

**Fiserv EFT – Express Services**

**Attn:** \_\_\_\_\_

**Fax # 503-274-6619**

**Fiserv EFT use only:**

Account executive \_\_\_\_\_ Completion date \_\_\_\_\_ Facets # \_\_\_\_\_