



For CMS Office Use Only:	
Date CMS Received: _____	DDA: _____
Date Change Made: _____	By: _____
Date Scanned: _____	Sent NBSal: _____

Bank Account Change Request Form

Merchant Number: _____

Merchant Name: _____

IMPORTANT:

- These bank changes will only be reflected for your Visa, MasterCard and Discover transactions. You will need to contact American Express directly at 1-800-528-5200 to make these changes with them.
- During the change of your bank account information, funds may continue to be deposited into your old bank account due to funds already in transit. Please allow 7 business days for the ACH of funds to be completely transferred. CMS will not be held responsible for lost funds.
- If you have an NBSal DDA (bank account) and would like this account change to be reflected with NBSal please request an NBSal ACH Sweep change form.

Old Banking Information:

Bank Name

Phone Number

Routing Number/ ABA Number

Account Number

New Banking Information: (MUST INCLUDE A VOIDED CHECK or BANK LETTER)

Bank Name

Phone Number

Routing Number/ ABA Number

Account Number

Signature of Authorized Principal
(as specified on the Merchant Application/Agreement)

Date

Printed Name and Title

Phone

Email Address

Please attach a voided check or bank letter and a copy of the signers Drivers License

Please fax this request form to our customer service team at: 1-877-537-9485.

Please contact our customer service department at: 877-267-4324 or at customersupport@cmsonline.com with any questions.