## DDA / ACH CHANGE FORM

MERCHANT INSTRUCTIONS	
FAX INSTRUCTIONS	MAILING INSTRUCTIONS
Please complete the form below and fax it with a	Please complete the form below and mail it to:
voided check attached to:	Merchant Services
Fax: 888-415-0052	255 Gold Rivers Court
<b>Attn: Merchant Services</b>	Third Floor
or email to: support@merchantserviceshq.com	Basalt, Co 81621

Important Notes: 1.If you also accept American Express or use check processing services or gift cards, you should call those companies to change your bank account information with them. 2. If your change falls under any of the following reasons your account contract may need to be re-written which will delay the change process: Change in legal status, change in ownership, legal name change of business, business type change. 3. A \$20 fee will be charged for each change.

business, business type change. 3. A \$20 fee will be charged for ea	ch change.
REQUIRED	INFORMATION
In accordance with the terms set out b	elow, I authorize the following change(s):
DBA NAME OF ACCOUNT	MERCHANT NUMBER (MID#):
BANK ROUTING NUMBER:	BANK ACCOUNT NUMBER:
BANK NAME:	BANK PHONE NUMBER:
REASON FOR CHANGING BANK ACCOUNT: (Some responses may rec	quire additional information)
□Ownership Change □Legal Status Change □Dissatisfied with	n Bank □Dissolved Partnership □Change of Goods/Services Sold
□Other	
ATTACH VOIDED CHE	CK IN THE SPACE BELOW
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NOTE: YOUR SIGNATURE IS NEEDED FOR THIS CHANGE

TAPE VOIDED CHECK HERE

## **DECLARATION**

MERCHANT desires to effect settlement of credits and debits from the CLEARING ACCOUNT by means of ACH and wire transfer in conjunction with the processing of credit card transactions as anticipated by AGREEMENT. In accordance with this desire, MERCHANT authorizes initiation of debit and credit entries to the CLEARING ACCOUNT and DEPOSITORY ACCOUNT (the details of which are set out below.) By signing this authorization, MERCHANT states that he has authority to agree to such transactions and the DEPOSITORY ACCOUNT indicated is a valid and legitimate account for the handling of these transactions. This authority is to remain in effect until written notice is received from MERCHANT withdrawing it. This authorization is for payment of SALES and returns, FEES, CHARGEBACKS, Discount, Processing Fees, rejects and miscellaneous fees. MERCHANT also certifies that the appropriate authorizations are in place to allow MERCHANT to authorize this method of settlement. All changes to the identification of the DEPOSITORY ACCOUNT under this authorization must be made in writing in accordance with AGREEMENT. MERCHANT understands that if the information supplied as to the ABA Routing Number and Account Number of the DEPOSITORY ACCOUNT is incorrect, and funds are incorrectly deposited, every effort will be made to assist MERCHANT in the recovery of such funds but has no liability as to restitution of the same.

X	
Authorized Signature of Merchant Account	Date
Signer's Name (Please Print)	Signer's Title