

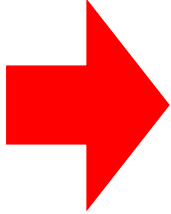
# BANK ACCOUNT CHANGE REQUEST



2 Easton Oval, Suite 310 | Columbus, OH 43219

Tel: 800-634-4484 | Fax: 614-448-0244

merchantservices@payliance.com



1. ALL INFORMATION MUST BE COMPLETED CLEARLY, LEGIBLY, AND IN FULL.
2. SEND THIS REQUEST FORM **AND A VOIDED CHECK (DEPOSIT SLIPS ARE NOT ACCEPTABLE)** TO:  
614-465-1700 (fax) OR [merchantservices@payliance.com](mailto:merchantservices@payliance.com) (email)
3. THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE RECEIVED, APPROVED, AND PROCESSED.

## ACCOUNT SELECTION

I would like this change of banking information to apply for the below account activity:

Invoicing Only

Processing Only

Both Invoicing and Processing

## MERCHANT CONTACT INFORMATION

COMPANY NAME:

DBA:

MERCHANT ID:

## OLD BANKING INFORMATION

BANK NAME:

BANK PHONE:

ROUTING #:

ACCOUNT #:

## NEW BANKING INFORMATION

BANK NAME:

BANK PHONE:

ROUTING #:

ACCOUNT #:

## VOIDED CHECK ACKNOWLEDGEMENT

I have included a voided check or bank letter with this request.

**PLEASE NOTE:** If the Merchant Name listed on the voided check or bank letter is different than the current name on record for the Merchant account, this request will not be honored without a completed Business Name Change form. Please contact Merchant Services at 800-634-4484 or [merchantservices@payliance.com](mailto:merchantservices@payliance.com) for a copy of this request form.

## BANK CHANGE AUTHORIZATION

By signing this form, I agree to adhere to the requirements set forth in the Merchant Agreement.

DATE:

PRINTED NAME:

SIGNATURE: