



DDA CHECK ACCOUNT NUMBER CHANGE REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.
PLEASE FAX THIS REQUEST FORM AND THE VOIDED CHECK TO
NEW ACCOUNTS AT (209) 320-2108.
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE HAS BEEN
VERIFIED .**

Thank you for your cooperation.

Merchant Name: _____
Merchant Number: _____
Requestor's Name: _____
Requestor's Phone: _____

ACCOUNT TYPE TO BE CHANGED:

- Deposit and Fee
- Deposit
- Fee

NEW BANK INFORMATION: (All DDA Change Requests require a pre-printed Voided Check or letter from Merchant Bank)

New Merchant DDA: _____
New Bank Name: _____
New Bank Phone Number: _____
New Bank City, State, Zip: _____
New Transit Routing Number: _____

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

Date

If you should have any questions, please contact our Merchant Services department at (800)909-2124 or email us at help@emerchantprocessing.com