



RE-OPEN MERCHANT ACCOUNT REQUEST FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.
PLEASE FAX THIS REQUEST FORM TO NEW ACCOUNTS AT (209) 320-2108.
Thank you for your cooperation.

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

Multi-merchant Account? Y / N

(Please list all Merchant Account Numbers in the chain you wish to re-open. Attach additional forms if needed)

Reason for Re-opening:

- Closed in Error
- Merchant Changed Mind
- Merchant Changed Banking Information

Account Type to be changed if account closed for ACH reject

- Deposit and Fee
- Deposit
- Fee
- Not Applicable

BANK INFORMATION:

Bank Name: _____

Years Open: _____

Checking Account #: _____

Transit Routing #: _____

Bank Address: _____

City: _____

State: _____ Zip: _____

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