

BANK ACCOUNT CHANGE REQUEST FORM

MERCHANT ACCOUNT INFORMATION		
DATE:		MERCHANT ID NUMBER:
ACCOUNT OWNER'S NAME: If there is new ownership a new merchant account is required.		
BUSINESS NAME: If there is a change to the Legal Entity Name on file a new merchant account is required.		
BUSINESS ADDRESS: If this address: Matches what is on file, check here ___ Is a change from the Legal Entity address on file, check here ___ Is a change from the Location (DBA) address on file, check here ___		
PHONE NUMBER:		
NEW BANK/ROUTING INFORMATION (please enter full routing & account number)		
FUNDING ACCOUNT (Fiserv or TSYS)		BILLING ACCOUNT (TSYS Only)
BANK NAME:		BANK NAME:
ROUTING NUMBER:		ROUTING NUMBER:
ACCOUNT NUMBER:		ACCOUNT NUMBER:
VALIDATION DOCUMENTS PROVIDED (please select from options noted below)		
☐ PRE-PRINTED VOIDED CHECK STARTER OR TEMPORARY CHECKS ARE NOT ACCEPTABLE. DIRECT DEPOSIT AUTHORIZATION FORMS AND/OR BANK APPLICATIONS WILL NOT BE ACCEPTED.	☐ BANK LETTER MUST BE ON THE BANK'S LETTERHEAD, WITH YOUR BUSINESS NAME AND ADDRESS LISTED ALONG WITH THE OWNER'S FULL NAME AND THE NEW BANK ACCOUNT AND ROUTING NUMBERS. THE LETTER MUST BE SIGNED BY A BANK OFFICER AND DATED WITHIN 90 DAYS OF YOUR BANK ACCOUNT CHANGE REQUEST SUBMISSION.	☐ BANK STATEMENT MUST BE THE ORIGINAL PDF COPY OF THE BANK STATEMENT INCLUDING ALL PAGES, DISPLAYING AT LEAST THE TRUNCATED ACCOUNT NUMBER, DATED WITHIN 90 DAYS OF YOUR BANK ACCOUNT CHANGE REQUEST SUBMISSION. PICTURES OF BANK STATEMENTS WILL NOT BE ACCEPTED. SCREENSHOTS FROM ONLINE BANKING WILL NOT BE ACCEPTED.
MERCHANT OWNER'S AUTHORIZATION & SIGNATURE		
PURSUANT TO THE TERMS OF THE MERCHANT PROCESSING APPLICATION AND AGREEMENT WHICH INCLUDES THE MERCHANT SERVICES PROGRAM GUIDE ("CLIENT AGREEMENT"), I/WE HEREBY AUTHORIZE PRIORITY PAYMENT SYSTEMS LLC TO INITIATE DEBIT AND CREDIT ENTRIES AND ADJUSTMENTS TO MY/OUR CHECKING/SAVINGS ACCOUNT, LISTED ABOVE, AS ALLOWED UNDER THE CLIENT AGREEMENT AND ANY OTHER AGREEMENT(S) WITH OUR AFFILIATES FOR RELATIVE SERVICES, AS WELL AS ANY ENTRIES IN ERROR. I ALSO AUTHORIZE THE ABOVE-LISTED FINANCIAL INSTITUTION TO EFFECT THIS AUTHORIZATION UNTIL I/WE HAVE GIVEN WRITTEN NOTICE TO IT THAT ALL MONIES DUE UNDER THE CLIENT AGREEMENT AND UNDER ANY OTHER AGREEMENT(S) WITH US AND OUR AFFILIATES FOR ANY RELATED SERVICES HAVE BEEN PAID IN FULL.		
I (MERCHANT) AGREE, BY MY SIGNATURE BELOW, TO THE ABOVE CHANGES AND I FURTHER AGREE TO THESE CHANGES WITH REGARDS TO PROGRAMMING. I HAVE ENCLOSED A PRE-PRINTED VOIDED CHECK, BANK LETTER, OR BANK STATEMENT FROM THE NEW BANK ACCOUNT.		
MERCHANT OWNER'S SIGNATURE:		

HOW TO GUIDE

BANK ACCOUNT CHANGE REQUEST FORM

To help avoid delays in processing the update of the bank account information associated with your merchant account (MID), a Bank Account Change Request Form (CRF) must be completed in its entirety and the required documents provided at submission of the case in MX™ Connect. Following are specifics to aid in the completion of the Bank Account Change Request Form and submission of the required and acceptable documents to help avoid your case from being rejected. Be sure all submitted documents are complete, clear, and legible.

1 // MERCHANT ACCOUNT INFORMATION SECTION

MERCHANT ACCOUNT INFORMATION	
DATE:	MERCHANT ID NUMBER:
B ACCOUNT OWNER'S NAME: If there is new ownership a new merchant account is required.	
C BUSINESS NAME: If there is a change to the Legal Entity Name on file a new merchant account is required.	
D BUSINESS ADDRESS: If this address, matches what is on file, check here — Is a change from the Location (DBA) address on file, check here —	
PHONE NUMBER:	

C / Business Name (DBA) on file with Priority must match what is listed on the bank documentation that is uploaded with the CRF.

- If there is a change to the DBA name, a Change Request Form must be submitted & completed prior to the CRF being completed.
- A new merchant application will be required for the following changes. Please contact your sales agent or client services.

- A change to the legal name of the business
- A change to the business type
(ex: Sole Proprietorship to a Corporation)
- A change to the tax identification number of the business
(ex: EIN, TIN, TFN)

D / The Business Address must match what is listed on the bank document included for validation with the CRF. Check the appropriate box relating to the Business Address.

- If this address listed matches what is on file please check that box.
- If this address is the legal address and has been changed and no longer matches what is on file, please check that box.
- If this address is the DBA (location) address and has been changed and no longer matches what is on file, please check that box.

A / The Bank Account Change Request Form must be completed for each MID. Multiple MIDs cannot be listed on one form.

B / Account Owner's Name must be an Owner/Officer who signed the original Merchant Processing Agreement (MPA) and is on file with Priority.

- If there is new ownership or partners a new merchant application will be required. Please contact your sales agent or client services



2 // NEW BANK / ROUTING INFORMATION SECTION

NEW BANK/ROUTING INFORMATION <i>(please enter full routing & account number)</i>	
FUNDING ACCOUNT (Fiserv or TSYS)	BILLING ACCOUNT (TSYS Only)
BANK NAME:	BANK NAME:
ROUTING NUMBER:	ROUTING NUMBER:
ACCOUNT NUMBER:	ACCOUNT NUMBER:

- A / Fiserv clients must complete the Funding Account section only.
- B / TSYS clients must complete both the Funding Account & Billing Account sections even if the same bank account is used for both funding & billing.
- C / The bank account information on the bank document included for validation must match what is entered on the CRF.



3 // VALIDATION DOCUMENTS PROVIDED SECTION

VALIDATION DOCUMENTS PROVIDED (please select from options noted below)		
PRE-PRINTED VOIDED CHECK STARTER OR TEMPORARY CHECKS ARE NOT ACCEPTABLE. DIRECT DEPOSIT AUTHORIZATION FORMS AND/OR BANK APPLICATIONS WILL NOT BE ACCEPTED.	BANK LETTER MUST BE ON THE BANK'S LETTERHEAD, WITH YOUR BUSINESS NAME AND ADDRESS LISTED ALONG WITH THE OWNERS FULL NAME AND THE NEW BANK ACCOUNT AND ROUTING NUMBERS. THE LETTER MUST BE SIGNED BY A BANK OFFICER AND DATED WITHIN 90 DAYS OF YOUR BANK CHANGE REQUEST SUBMISSION.	BANK STATEMENT MUST BE THE ORIGINAL PDF COPY OF THE BANK STATEMENT INCLUDING ALL PAGES, DISPLAYING AT LEAST THE TRUNCATED ACCOUNT NUMBER, DATED WITHIN 90 DAYS OF YOUR BANK CHANGE REQUEST SUBMISSION. PICTURES OF BANK STATEMENTS WILL NOT BE ACCEPTED, AND SCREENSHOTS FROM ONLINE BANKING WILL NOT BE ACCEPTED.
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A / Please provide at least one of the following documents along with the CRF for verification.

1 A pre-printed voided check.

- Starter or temporary checks will **not** be accepted.
- Must be a permanent check with all identifying information pre-printed.
- Must include business information.
- Must include Financial Institution name.
- Must include security features.
- Direct Deposit Authorization Forms and/or Bank Applications will **not** be accepted.

2 A bank letter.

- Must be on bank's letterhead.
- Must include business name, address, & the owner's full name.
 - » This information must match what Priority has on file.
 - » A Change Request Form must be submitted and completed prior to the CRF being completed *If needed*.
- Must include new bank account number & routing number.
- Must be signed by a bank officer and include their contact information.
- Must be dated within 90 days of the CRF submission.

3 A bank statement.

- Must be an original PDF copy.
- Must provide at least the truncated account number.
- Must be dated within 90 days of the CRF submission.
- Pictures of bank statements will **not** be accepted
- Screenshots from online banking will **not** be accepted.
- Must include all pages.



4 // MERCHANT OWNER'S AUTHORIZATION & SIGNATURE SECTION

MERCHANT OWNER'S AUTHORIZATION & SIGNATURE	
PURSUANT TO THE TERMS OF THE PRIORITY PAYMENT SYSTEMS MERCHANT SERVICES PROGRAM GUIDE AND THE MERCHANT PROCESSING APPLICATION AND AGREEMENT (CLIENT AGREEMENT), I (WE) HEREBY AUTHORIZE PRIORITY PAYMENT SYSTEMS LLC TO INITIATE DEBIT AND CREDIT ENTRIES AND ADJUSTMENTS TO MY (OUR) CHECKING/SAVINGS ACCOUNT, LISTED ABOVE, AS ALLOWED UNDER THE MERCHANT PROCESSING AGREEMENT AND PROGRAM GUIDE AND UNDER ANY AGREEMENTS WITH OUR AFFILIATES FOR RELATIVE SERVICES, AS WELL AS ANY ENTRIES IN ERROR. I ALSO AUTHORIZE THE FINANCIAL INSTITUTION, LISTED ABOVE, TO EFFECT UNTIL I (WE) HAVE GIVEN WRITTEN NOTICE TO THE FINANCIAL INSTITUTION WHERE MY (OUR) ACCOUNT IS MAINTAINED AND THAT ALL MONIES DUE UNDER THE CLIENT AGREEMENT AND UNDER ANY OTHER AGREEMENTS WITH US AND OUR AFFILIATES FOR ANY RELATED SERVICES HAVE BEEN PAID IN FULL.	
I (MERCHANT) AGREE, BY MY SIGNATURE BELOW, TO THE ABOVE CHANGES AND I FURTHER AGREE TO THESE CHANGES WITH REGARDS TO PROGRAMMING. I HAVE ENCLOSED A PREPRINTED VOIDED CHECK, BANK LETTER, OR BANK STATEMENT FROM THE NEW BANK ACCOUNT.	
MERCHANT OWNER'S SIGNATURE:	

A / Must be signed by an Owner/Officer who signed the original Merchant Processing Agreement (MPA) and is on file with Priority.

— If the original MPA has a digital signature, always include a copy of the signer's driver's license for verification to avoid a delay in processing your bank account change request.

When submitting additional and/or acceptable documentation due to a rejected case, do not open a new case. Please upload those documents to the existing case and resubmit the same case.

