

CHANGE OF BANK ACCOUNT REQUEST

Sales Consultant Name: _____ Rep #: _____
MID: _____
DBA Name: _____ Federal Tax ID: _____
Corporate Name: _____

Owners or Officers

Principal/Owner #1 Name: _____
Title: _____ % Equity Ownership: _____
Principal/Owner #2 Name: _____
Title: _____ % Equity Ownership: _____

Debit/Credit Authorization

Debit/Credit Authorization and Payment Agreement: MERCHANT hereby authorizes NXGEN and/or Bank in accordance with this merchant processing agreement, to initiate debit/credit entries to Merchant's business checking account as indicated on the enclosed voided check. The authority is to remain in full force and effect until (a) NXGEN and/or Bank has received written notification from MERCHANT of its termination in such a manner as to afford NXGEN and/or Bank reasonable opportunity to act on it: and (B) all obligations of MERCHANT to NXGEN and/or Bank that have arisen under this agreement have been paid in full, including, but not limited to, those obligations described in the agreement. This authorization extends to such entries in said account concerning lease, rental, or purchase agreements for POS terminal and/or accompanying equipment.

New Bank Name: _____
New DDA#: _____ New Routing#: _____

\$20.00 DDA Change Fee Applies, Charged on Credit Card Processing Statement

X _____
Principal/Owner Signature #1 (Original Signer) _____ Print Name/Title/Date _____

X _____
Principal/Owner Signature #2 (Original Signer) _____ Print Name/Title/Date _____

**ATTACH VOIDED PRE-PRINTED CHECK
FOR THE NEW ACCOUNT**

TEMPORARY CHECKS ARE NOT ACCEPTABLE, DO NOT USE A DEPOSIT TICKET

If you accept these cards please contact them directly at;
American Express (800-528-5200)
Discover (800-347-2000)
Diners Club (800-525-7376)
JCB (800-366-4522)

Remember any other 3rd party relationships i.e. leasing company, gift cards, etc.
They will need to make the appropriate changes to their system as well.

If you have changed Legal Name, Ownership, Partners,
or changed from Sole Proprietor to Corporation
Complete New Application is required

MSP CONTACT SIGNATURE X _____ DATE _____

I have Verified that the above information has been reviewed and is correct