REQUEST FOR CHANGE TO EXISTING ACCOUNT
Please fax this form to (866) 863-9987

DBA

Merchant Identification (MID) #: _____ Phone #: _____

Business Name (DBA): _____

Federal Tax ID or Social Security #: | | | | | | | | | |

How would you like to be notified of the change? ☒ E-mail #1: accountchanges@nxgen.com
☒ E-mail #2: avanvoast@nxgen.com

PLEASE COMPLETE THE FORM IN ITS ENTIRETY.
CHANGES WILL BE MADE ONLY TO THE AREAS YOU SPECIFY HAVE CHANGED

PLEASE CHECK BOX FOR EITHER "NO CHANGE" OR "INFO CHANGE" ON EACH ITEM.

NO Change	Info CHANGE		
☐	☐	Business Name:	(One Character per space, maximum of 20 characters including blank spaces)
☐	☐	Corporate Name: (If Different from Business Name)	(One Character per space, maximum of 20 characters including blank spaces)
☐	☐	Federal Tax ID #:	
☐	☐	Location Street Address:	
☐	☐	City: _____ State: _____ Zip: _____	
☐	☐	Contact Person: _____ Website: _____	
☐	☐	Phone # _____ Fax #: _____	

PLEASE COMPLETE BELOW ONLY IF PRINCIPAL/OWNER/OFFICER INFORMATION IS CHANGING

Principal/Owner #1 Title: _____ Ownership%: _____
Name: _____ Social Security #: _____
Address: _____ City, State, Zip: _____
Principal/Owner #2 Title: _____ Ownership%: _____
Name: _____ Social Security #: _____
Address: _____ City, State, Zip: _____

Note: If ownership or business structure is changing, please contact your sales channel or customer service for further instructions

Owner/Officer Signature (Required) _____ Print Name and Title _____ Date

For BANK/INTERNAL USE ONLY:

Requestor: _____ Phone# _____

Duly authorized Bank Office signature required if submitting on behalf of the merchant

Rel Pend Reason Approved Keyed

☐ NAE
☐ AGENT BANK
Owner/Officer and Bank Signature Required