

# Bank Account Change Request



Please complete **ALL** form fields below.

MERCHANT INFORMATION	VERIFICATION (2 OF 3) <i>Please provide 2 of the following</i>
REQUESTOR'S NAME:	LAST 4 OF CURRENT TAX ID:
MERCHANT PHONE NUMBER:	LAST 4 OF CURRENT DDA:
MERCHANT DBA:	LAST 4 OF SSN:
MERCHANT MID:	

Please attach one of the following: 1) copy of a voided check or 2) bank letter to this form, along with your signature and date.

<b>1) Requirement for voided check:</b> <ul style="list-style-type: none"><li>• Business name and address must match what we have on file</li><li>• Check number pre-printed on the top-right corner</li><li>• Sample checks will not be accepted</li></ul>	<b>OR</b>	<b>2) Requirement for Bank Letter:</b> <ul style="list-style-type: none"><li>• On bank letterhead</li><li>• Must be dated and either typed or pre-printed format (handwritten letters are not acceptable)</li><li>• Business name and address must match what we have on file</li><li>• Bank account number and routing number</li><li>• The bank's official signature, title and contact information, i.e. phone number</li></ul>
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When completed, email or fax this form and supporting documents to:

**fdrchanges@capitalbankcard.com**

**fax 857-241-5429**

All changes will be completed in 3-5 business days.

If you process with any of the following companies, please contact them directly to make these changes:

<b>American Express</b>	<b>800-528-5200</b>
<b>Discover</b>	<b>800-347-2000</b>
<b>Authorize.net</b>	<b>877-447-3938</b>

**SIGNER OF THE ACCOUNT MUST SIGN AND DATE THE FORM; OTHERWISE THE REQUEST WILL BE DENIED.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE