

Account Information: (Please ensure all information provided is current)

Legal Name				DBA				Owner Name			
MID		Tax ID				Is this an	ownership cha	ange? Yes No			
Phone		Fax				Email					
Address 1	Check all that apply for address:	DBA	Legal	1099	Owner	City		State		Zip Code	
Address 2	Check all that apply for address:	DBA	Legal	1099	Owner	City		State	<u>.</u>	Zip Code	
Retail Descriptor					Description of Products/Services						
Business U	RL					Business Status:	Sole PP	Corp	LLC	Non-Profit	

For Checking Account Changes: (Please ensure all information provided above is current)

Please provide the following: 1. A copy of your Driver's License 2. A Voided Check -- *A Starter Check can be accepted if a Starter Check Verification Form is completed by a bank representative and signed by all authorized signers on the Merchant Account. NOTE: In place of the "pre-printed" voided check or if the bank account is NOT listed under the DBA Company name the Merchant Account is under, we require a letter from your bank on bank letterhead listing the following 1) The DBA Name the bank account is under 2) Checking account number 3) Routing transit number 4) Verification the bank will accept ACH credits and debits for the DBA name under which the Merchant Account is listed 5) Signed and dated by the bank representative.

Merchant Doing Business As

Title(s)

Signer Name(s)

Old Checking Account Number (include all zeros)

New Checking Account Number (include all zeros)

New Routing Transit Number (9 digits)

IMPORTANT NOTE: NO changes will be made to the bank account on file unless the form is fully completed and signed. Please use this for to change the bank information for your V/MC/Discover and/or Amex OptBlue account (if applicable). If your account is directly with American Express please notify them at 800.528.5200 to update your bank information. If your account is directly with Discover, please notify them at 800.347.2000 to update your bank information. You must also contact your Payment Gateway provider (if applicable) to change the checking account from which fees are debited.

By signing below, I expressly authorize EVO Payments International LLC and Subsidiaries to fulfill the above request in connection with my Merchant Account. (All information will remain strictly confidential.) Bank account/DDA changes require authorization from ALL signers on the account. Please attach an additional sheet if necessary.

Reason for the changes:									
Signer Signature	Date	Print Signer Name							
Signer Signature	Date	Print Signer Name							