



Banking Maintenance Form
To avoid delays please complete all sections
Or
Company Letterhead with same information

Request is due to an ownership change (mark if applicable)

Merchant Information: (MUST SIGN REQUEST BELOW)

Name _____
 Title: _____
 Phone: _____

Complete the following:

Entire Chain CAP #: _____
 Selected Merchant #s: _____
 Corporate Name Line 1: _____
 DBA Name Line 2: _____

Banking (ACH) Changes

(All information should be obtained from a check... NOT a deposit slip)

1. Please verify the current information:

ABA: _____
 DDA: _____

2. Please provide the new information:

Deposits should be made to the following account:

ABA: _____
 DDA: _____

Type: Checking Savings

Bank Name: _____
 Bank Phone: _____

Withdrawals should be taken from the following account:

Same as Deposits (You do not need to complete the rest)

ABA: _____
 DDA: _____

Type: Checking Savings

Bank Name: _____
 Bank Phone: _____

IMPORTANT: REQUIRED FIELD FOR BANK CHANGES

Merchant Signature: _____

All requests must be accompanied by one of the following:

- A copy, front and back, of a voided check for the new account. The check must be pre-printed with the address and valid MICR encoding across the bottom.
- A signed and dated letter from the new bank on bank letterhead containing all the following information:
 1. Direct contact information for the company's banker. (i.e. the person signing the letter)
 2. Confirmation of the account name, ABA number, and DDA number.
 3. Confirmation that the account is a business checking or savings account.
 4. Confirmation of the ACH availability of the account relating to debits and credits.

SPECIAL INSTRUCTIONS:

PLEASE FAX BANK CHANGES TO:

US – KOAT at 602-744-9313 or specific assigned Rep fax #. Canada – Please Fax to 800-367-2917

*******Updates may take up to 7 business days of receipt of completed information*******