

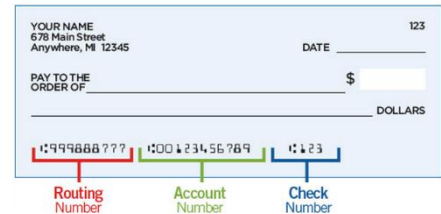


Bank Account Change Requirements

1. The **owner/officer** of the company must complete and sign this form.
2. Send a corresponding **Voided Pre-printed Check or Bank Letter** for the new account(s).
(Starter Checks, Temporary Checks, and Deposit Slips are not acceptable.)
3. Attach a copy of the account **owner/officer's Driver's License or Government-Issued Photo ID**.
4. **Upload** your completed form and associated documents using our secure file upload on our website at www.iCheckGateway.com > **Partner Zone**, click **Tools**, and then select **Secure Upload** in the dropdown menu.

Please Note:

- Routing and account number **MUST BE** complete and match the corresponding voided check or bank letter **exactly**.
- **Both** the settlement account and the billing account information should be filled out even if you are only changing one account or if both accounts are the same.
- Please ensure ACH Debits are **enabled** for these accounts.
- An incomplete bank account change request will delay settlement process.
- Please allow 48 hours for the bank account changes to be completed.
- If you have changed corporate name, ownership, partners, or from a sole proprietorship to a corporation, you must complete a new application.



New Banking Information

Merchant Bank Account Information	
SETTLEMENT ACCOUNT	
<i>This account will be debited for credit transactions/late returns and credited for debit transactions.</i>	
ROUTING NUMBER – 9 digits	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
BILLING ACCOUNT	
<i>While standard processing fees will not be billed directly to merchants using the Payment Fee model, if the merchant's processing volume is below \$5,000.00 monthly, a minimum of \$30.00 will be automatically debited from the bank account listed below.</i>	
ROUTING NUMBER – 9 digits	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
Additional Information	
COMPANY NAME	SITE ID / MERCHANT ID
<input type="text"/>	<input type="text"/>
REASON FOR BANK CHANGE	
<input type="text"/>	

I hereby certify that I am a duly appointed authorized agent to sign on behalf of the Company and I authorize iCheckGateway.com to credit and debit the above account(s) as agreed in the ACH Processing Agreement.

Owner/Officer Signature: _____

Date: _____

Print Owner/Officer Name: _____

Title: _____

Email Address: _____

Phone: _____