Bank Account Change



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, & Deposit Slips are not acceptable.)
- 3. Attach a copy of the account **owner/officer's Driver's License** *or* **Government-Issued Photo ID**.

Curr	ent N	Nerch	nant E	Bank /	Αссоι	int In	form	ation	
SETTL	EMEN	Т АССО	UNT						
ROUT	ING NU	JMBER	– 9 digi	its					ACCOUNT NUMBER
BILLI	NG ACC	OUNT	Che	ck if san	ne as SE	TTLEME	NT ACCO	OUNT	
ROUT	ING NU	JMBER	– 9 digi	its					ACCOUNT NUMBER

New Bank Account Information

New Merchant Bank Account Information	
SETTLEMENT ACCOUNT	
This account will be debited for credit (refund) transactions/late retu	irns and credited for debit (payment) transactions.
Please ensure ACH Debits are enabled for this account.	
ROUTING NUMBER – 9 digits	ACCOUNT NUMBER
If not a Business Checking account, please indicate account	ype:
BILLING ACCOUNT Check if same as SETTLEMENT ACCOUNT This account will be automatically debited for iCheckGateway.com f	ees and services. Please ensure ACH Debits are enabled for this account.
ROUTING NUMBER – 9 digits	ACCOUNT NUMBER
If not a Business Checking account, please indicate account	ype:
Additional Information	
COMPANY NAME	SITE ID / MERCHANT ID
REASON FOR BANK CHANGE	-

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:

YOUR NAME 678 Main Street Anywhere, MI 12345	DAT	E	123
PAY TO THE ORDER OF		\$	
			_ DOLLARS
1999888???	1:001231456789 1:123		