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CHECKING ACCOUNT INFO FOR ACH CHANGE REQUEST FORM

This form is for changing the checking account information from which you have previously authorized **eProcessingNetwork** to debit your **eProcessingNetwork Monthly Access Fees** and any applicable **per-transaction fees**. Information in this form is used in relation to your **eProcessingNetwork** Internet Payment Gateway Account **ONLY**. If you wish to change the checking account information on your bank merchant account, you **MUST** contact your merchant account bank also. Request to change the checking account information on your **eProcessingNetwork** Internet Payment Gateway Account cannot be accepted unless merchant completes **ALL** information below and signature is verified by **eProcessingNetwork**.

eProcessingNetwork Username/Account Number: _____

Business Name: _____

Merchant Account Number: _____
(12 to 16 Digit number)

PREVIOUS BANKING INFORMATION:

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____
(Nine digits only)

CURRENT BANKING INFORMATION: (THIS ACCOUNT MUST BE A CHECKING ACCOUNT)

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____
(Nine digits only)

Authorization to use Current Banking Information above is to remain in full force and effect until **eProcessingNetwork** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **eProcessingNetwork** and the depository financial institution named above a reasonable opportunity to act on it. Use of the Current Banking Information above will take effect in such time and in such manner as to afford **eProcessingNetwork** a reasonable opportunity to act on it.

I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law, and that I understand that these fees are in addition to any fees incurred by the merchant account bank.

Name(s): _____ ID Number: _____
(Please print, must be same as signer(s) on merchant agreement) (Federal Tax ID or SSN)

Date: _____ Signature: _____

E-Mail Address: _____

Phone Number: _____

Normal fax processing takes 1 to 3 days.