



## MERCHANT ACCOUNT CHANGE REQUEST FORM

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### CURRENT INFORMATION

DATE: \_\_\_\_\_  
MID: \_\_\_\_\_  
DBA NAME: \_\_\_\_\_  
LEGAL NAME: \_\_\_\_\_  
DBA ADDRESS: \_\_\_\_\_

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### CHANGE(S) REQUESTED (Please check all applicable)

**DBA Name:** \_\_\_\_\_  
\*\*Provide legal document with new Information

**DBA Address:** \_\_\_\_\_  
\*\*Provide Copy of Utility Bill with new Information

**DBA Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DBA Fax Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_  
(if applicable)

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**Changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_