



105 Decker Ct #650  
 Irving, TX 75062  
 Tel: 800-944-1399  
 Fax: 214-614-4623

## CHANGE OF BANK ACCOUNT REQUEST

Date: \_\_\_\_\_

To: **SignaPay - Account Services**

**New Bank Information**

From: \_\_\_\_\_  
 Owner's Name

\_\_\_\_\_   
 Bank Name:

\_\_\_\_\_   
 Business Name

\_\_\_\_\_   
 Acct. Number:

\_\_\_\_\_   
 Merchant Number

\_\_\_\_\_   
 Routing Number:

**NOTES:**

**\*A Voided Pre-Printed Check or Bank Letter for the new account must be attached (if mailed) or faxed to: (214) 614.4623. Temporary Checks and Deposit Slips are not acceptable.**

\*Please attach a copy of the account owner's driver license for signature verification. Bank change requests cannot be completed without this.

\*If you have changed Corporate Name, Ownership, Partners, or changed from Sole proprietor to Corporation, you MUST fill out a new application.

\*If you process American Express, please contact them directly at: (800) 528-5200

I (Merchant) agree, by my signature below, to the above changes and I further agree to these changes with regards to programming.

X \_\_\_\_\_  
 Merchant Signature – *Owner 1*

X \_\_\_\_\_  
 Merchant Signature – *Owner 2*

X \_\_\_\_\_  
 SignaPay Signature - *Employee*

X \_\_\_\_\_  
 SignaPay Signature – *Manager*