

VeriCheck Bank Change Form

<u>IMPORTANT - PLEASE READ BEFORE PROCEEDING:</u> All information listed is required and must be completed. Please send this request form and voided check/bank letter to <u>support@vericheck.com</u>. This request will not be effective until the required documents are provided and approved.

Merchant Name/DBA:	Merchant ID (MID):	Merchant ID (MID):	
IMPORTANT: If the merchant name on the check the request will not be processed without a comple 844.980.4VCI or via e-mail to support@vericheck.	eted Business Name Change for		
Old Banking Information:			
Bank Name:	Bank Phone Numbe	Bank Phone Number:	
Transit/Routing Number:	ABA/Account Number:		
New Banking Information: (Must be a che	ecking account):		
Bank Name:	Bank Phone Numbe	Bank Phone Number:	
Banking Relationship Contact Name:	Bank Address:	Bank Address:	
Transit/Routing Number:	ABA/Account Numb	ABA/Account Number:	
Contact Information and Signature:			
Authorized Principal Printed Name:	Email Address:	Phone Number:	
Authorized Principal Signature:	Date:		
Signing below, authorizes VeriCheck, Inc. (VC) to this form. Merchant understands that VCI will rely information contained herein is true and accurate. VCI and Member Bank, or its agents, to use the ir Merchant's processing agreement. THIS FORM MUST BE SIGNED BY THE IND ANOTHER INDIVIDUAL AUTHORIZED BY T	on this information, and merchan Furthermore, the undersigned in Iformation contained herein in acc	t acknowledges and warrants that the dividual unconditionally authorizes cordance with the terms of the	
Signature of Authorized Signer on Account:		Date:	
Printed Name of Authorized Signer:		Date:	