



## Request to Add or Change Service Bank Account

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

**To** \_\_\_\_\_ **Fax #** 702-256-0271 or 602-595-0128

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

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Business 10 digit ACH ID Number: \_\_\_\_\_ Security # \_\_\_\_\_

Please conduct the following bank account change:  Settlement  Billing

Additional Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

### PRIOR

Bank Account Routing: \_\_\_\_\_, Account # \_\_\_\_\_

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

### NEW

Bank Account Routing: \_\_\_\_\_, Account # \_\_\_\_\_

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

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

ATTACH  
VOID CHECK

or

Attach bank letter confirming Account #,  
Routing #, and Name on the Account.