

Bank Change Request Form



ABA / DDA

Please submit the following information to modify bank account information related to your merchant account with CardConnect. Please type or print neatly (application will be returned if illegible).

IMPORTANT: Only the application signer/account owner is permitted to submit a bank change request. Forms submitted by any other party will be rejected. If you are unsure who the account owner is then please email Support at support@givesmart.com.

If ownership of the organization has changed, a new merchant application will be required. Please email Support at support@givesmart.com for next steps.

Merchant ID Number	_____
Merchant Federal Tax ID	_____
Merchant Phone Number	_____
Existing ABA Routing Number	_____
New ABA Routing Number	_____
Existing DDA Account Number	_____
New DDA Account Number	_____

ATTENTION – The following attachments are REQUIRED to complete the bank change:

- 1) Completed Bank Change Request Form.
- 2) Scan of a voided business check **OR** a Bank Letter
 - a) A bank letter should be on bank letterhead, dated within 90 days, include the organizations name, routing/account numbers and a signature from a banker.
- 3) A bank letter verifying ACH withdrawal ID# G592126793 has been added to the account.

IMPORTANT: If submitting this form via email, the Account Owner should include this request in the body of your email. If submitting this form via fax, please include a written letter specifying this request. Form Submission steps below.

Merchant Signature

I certify that I am either the current account owner and/or business owner and hereby request to change the current financial account or demand deposit account (DDA) on file for merchant processing services. I further certify that I am authorized to approve the above changes for the merchant named and the information supplied is both true and accurate.

Merchant Signature

Date

Merchant's Printed Name

Merchant's Title

Form Submission Steps:

- 1) Please email or fax this form and the required documentation to the agent listed below. We ask you submit these together to ensure your form is processed as quickly as possible.
- 2) Please be aware that it can take at least 7-10 business days upon submission of this form to implement changes.
 - a) During the approval process the representative listed on the merchant application will receive a call from a CardConnect security team member to:
 - i) Verify the change.
 - ii) Ensure the accounts in question are still in good standing so no Risk flags are raised.
- 3) The GiveSmart agent will email you once the update has been made.



For Office Use Only

Date	_____
Agent Name	GiveSmart Support
Agent Phone Number	(855) 322-4483
Agent Fax Number	(737) 225-8876
Agent Email Address	Support@GiveSmart.com
Merchant DBA	_____
*Will display on receipts for all entities	
Merchant Tax ID	_____