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| --- | --- | --- | --- |
| Date: |  |  |  |

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|  | North MID # |  | | \* | | Effective Date | | |  | | | |  |
| |  |  | | --- | --- | | **\* Please note: North MID # - if 1-5 Merchants with the same type of update – please list each MID number/request type on separate forms and fax/email as a separate submission for each account.**  **If 6 or more merchants with the same update – please submit via email with an Excel spreadsheet listing DBA Name, MID # and type**  **of update and send to AISProjectUpdates@firstdata.com** | | |  |  | | | | | | | | | | | | | | |
|  | Gift Card SE # (VLBC) |  | |  | |  | | Funds Movement for Giftcard **\*\*** | | | | | |
| **\*\*Check the box for “Funds Movement for Giftcard” if the client is participating in funds movement.** | | | | | | | | | | | | | |
| \*Business DBA/Legal Name: | | |  | | | | | | | | | | |
| \*Business DBA/Legal Name – Either the DBA Name or Legal Name must match what is on the system. | | | | | | | | | | | | | |
| \*Person Requesting Change: | | |  | | Title: | |  | | | Phone #: | |  | |
| \*Person should be Owner, Officer or Legal Contact. Does not include Manager, Clerk etc. | | | | | | | | | | |  | | |
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| --- | --- | --- | --- | --- | --- | --- |
| Bank Name: | |  | | | ACH Suspense Hold Flag  Remove | |
| Bank Phone: | |  | | |  | |
| Bank Address: | |  | | |  | |
|  | Current (ABA) Routing # | | New Routing (ABA) # | Current (DDA) Account # | | New (DDA) Account # | |
| 1 |  | |  |  | |  | |
| 2 |  | |  |  | |  | |
| 3 |  | |  |  | |  | |
| 4 |  | |  |  | |  | |
| 5 |  | |  |  | |  | |

**Return completed and signed form along with a copy of a voided check or bank letter.**

If the new banking routing & account number matches the banking routing & account number on the lead chain location, a voided check/bank letter or merchant signature is not required.

**\*The person who signed the current merchant contract or the business owner must sign this request. A copy of a voided check or letter from the bank denoting the correct routing and account number must be included with this request.**

|  |  |  |  |
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| Merchant Signature (Required) |  | Date: |  |
| Channel Approval Signature (if applicable) | |  | Date: |  |
| Channel Email Address (Required) |  |  | |

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