



MERCHANT ACCOUNT CHANGE FORM
Fax Number: 877-292-3520

Merchant Number: _____

Existing Account Information
DBA: _____
Legal: _____
Business Phone: _____
Customer Service Phone: _____
Fax: _____
Tax ID: _____
Bank Acct DDA: _____
Bank Acct Routing: _____
Email Address: _____
Mailing Address: _____

Physical Address: _____

Description of Products/Svcs: _____
Website URL: _____
Prior Bus. Status: <i>(check one below)</i>
<input type="checkbox"/> Sole PP <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit

New Account Information
DBA: _____
Legal: _____
Business Phone: _____
Customer Service Phone: _____
Fax: _____
Tax ID: _____
Bank Acct DDA: _____
Bank Acct Routing: _____
<i>* Please attach a copy of voided check or bank letter as well as a drivers license with form</i>
Email Address: _____
Mailing Address: _____

Physical Address: _____

Description of Products/Svcs: _____
Website URL: _____
New Bus. Status: <i>(check one below)</i>
<input type="checkbox"/> Sole PP <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit

IMPORTANT NOTICE: All information contained in the addendum was complete or supplied by all contracting parties, EVO, GLOBAL PAYMENTS DIRECT, INC., and HSBC BANK USA, National Association and their agents and/or assigns thereof, ("Bank"), shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of EVO, GLOBAL PAYMENTS DIRECT, INC., and HSBC BANK USA, National Association. **Investigative Consumer Report:** An investigative or consumer report may be made in connection with application. Merchant authorizes ANY PARTY TO THE AGREEMENT or any of their agents to investigate the references provided or any other statements or data obtained from Merchant, from any of the undersigned personal guarantor(s), or from any other person or entity with any financial obligations under this Agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, Merchant represents that the information provided in this Application is true, complete and not misleading in any way and expressly authorizes Bank to credit and debit Merchant's Bank Account in accordance with this Agreement. **Corporate Resolution: The officer(s) identified below have the authorization to execute this Application and Merchant Processing Agreement on behalf of the here within named corporation.**

Print Primary Officer Name: _____

Primary Officer Signature: _____

Please be sure to contact your gateway provider, American Express, and/or Discover directly to inform them of your changes if applicable.

Contact Account Services with any questions at 1-888-888-4009, option 3