



DUAL BANK ACCOUNT CHANGE REQUEST

Company: _____ Merchant ID#: _____

Change applies to: ACH Services Credit Card Services (Provided by Forte)

Date of Request: _____

Individual Filling out Request: _____

Contact Phone Number: _____ Email: _____

As a duly authorized signer of: _____, I authorize Forte Payment Systems to change our bank
account information as of: _____.

Authorizing Signature: _____

Title: _____

Printed Name: _____

* Enter the current bank account information where your funds are deposited into, (ACH Credit Account)

Financial Institution:	Branch:	
City:	State:	Zip Code:
Transit/ABA#	Account:	

* Enter the current bank account information where your funds are debited from, (ACH Debit Account)

Financial Institution:	Branch:	
City:	State:	Zip Code:
Transit/ABA#	Account:	

* Enter NEW bank account information for ACH Credits into the fields below. (Where you want funds deposited)

Financial Institution:	Branch:	
City:	State:	Zip Code:
Transit/ABA#	Account:	

* Enter NEW bank account information for ACH Debits into the fields below. (Where you want fees debited from)

Financial Institution:	Branch:	
City:	State:	Zip Code:
Transit/ABA#	Account:	

Please provide a brief explanation for the requested change of accounts. Use Information from Bank Account Change Request form.