

COMPANY INFORMATION			
Merchant Name:			
Merchant ID:			
Contact Name:			
Contact Phone:			
Change applies to:	ACH Services	Credit Card Services (Provided by Forte)	Both
Date of Request:			
AUTHORIZATION			
As a duly authorized signer for, _____, I authorize Forte Payment Systems to change our bank account information as of:			
Change applies to:	Settlement Account	Billing Account	Both
Signature:		Date:	
Print Name:		Title:	
CURRENT FINANCIAL INSTITUTION ACCOUNT INFORMATION			
Financial Institution:		Branch:	
City:		State:	Zip Code:
Transit / ABA #		Account #	
NEW FINANCIAL INSTITUTION ACCOUNT INFORMATION			
Financial Institution:		Branch:	
City:		State:	Zip Code:
Transit / ABA #		Account #	
BRIEF EXPLANATION FOR REQUESTED CHANGE			

****Please be advised there will be a \$35.00 fee added to your invoice for updating your account as requested." Complete section A of the attached Bank Account Verification Form for merchant services form, provide to your bank to complete section B. Upon completion, and fax to 469.675.8740 or email to accountchanges@forte.net**