

DDA / DBA CHANGE FORM

Thank you for notifying us of the recent change to your business. We are happy to process the DDA / DBA change you requested for your payment processing account. The information below will help guide you through the steps, so that we can process your request.

STEP 1: CHANGE INFORMATION (Required)

Please check all changes that apply, and complete the sections indicated.

- DBA and/or Legal Business Name, (Complete - Sections 1, 2, 3, 5, 7 & 9) DDA, (Complete - Sections 1, 2, 8 & 9)
- Add or Remove an Authorized Signer, (Complete - Sections 1, 2, 5, 6, & 9)

Helpful information for completing each section:

- 1 BUSINESS INFORMATION – THE ENTIRE SECTION MUST BE COMPLETED.**
- 2 TAX INFORMATION (Substitute from W-9) –** For detailed instructions on completing the W-9 Form, please refer to your tax return or visit www.irs.gov/pub/irs-pdf/iw9.pdf. This information is the same as the information used to file taxes for your business. It's important that this information be correct as it will be used for the required IRS 1099K reporting.
- 3 DBA NAME CHANGE –** Enter the new DBA and/or Legal Business Name and address information.
- 4 OTHER ADDRESS –** Please complete if Mailing, Billing, Chargeback or Copy Request is different than DBA/Legal Business Address.
- 5 PRINCIPAL INFORMATION –** Include all owners with 25% or greater ownership. If there are none then provide the information of the Authorized Signer of the business. At least one person should be identified as the Responsible Party. The Responsible Party must be a Beneficial Owner or the Authorized Signer with day-to-day control of the Business.
- 6 REMOVE CURRENT OWNER /AUTHORIZED SIGNER –** Complete this section if you are removing a Current Owner or Authorized Signer.
- 7 INTERMEDIARY BUSINESS/OWNER –** Complete if there are business and/or business owners with 25% or greater ownership
- 8 DDA CHECKING ACCOUNT CHANGE –** Please provide current complete DDA information (full routing and account numbers) for the account type that is changing, (deposit, billing, chargeback, Fusebox) as well as new complete DDA information (full routing and account numbers). Both are required in order to make an update. If your banking information is not changing, this section is not required.
- 9 SIGNATURE INFORMATION –** Must be signed by the principal or authorized signer listed in Section 5. If principal has changed, the previous principal does not sign. If adding additional principals or authorized signers, the current principal or authorized signer must sign. *Account Certifier: could be a Beneficial Owner, Authorized Signer or Responsible Party who will certify the account information is correct. At least one person should be identified (Required only if adding or changing ownership)*

For questions regarding sections 1 - 9 please contact us at 1-800-725-1243.

Hours of Operation are 8:00am- 4:00pm Eastern Monday- Friday.

Please return the completed sections 1 – 9 back to Merchant.Change@elavon.com

STEP 2: We review your request.

- Once we receive your completed form, we will review for any missing information. We may contact you if additional information is required.
- If additional information is not provided within 8 business days, the request will be cancelled.
- An email notification will be sent providing the status of your request.

1**BUSINESS INFORMATION**

Merchant Identification Number (MID):		
DBA Name (Current):	Effective Date of Change:	
DBA Phone #:		
Contact Name:	DBA Fax #:	Mobile Phone # :
DBA Address 1 (No PO Box):	DBA Address Type: Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential	
DBA Address 2 (No PO Box):	Email Address:	
City:	State:	Zip Code:
Business Country of Formation (Headquartered):	Country of Primary Business Operations:	Annual Revenue:
Evidence of Legal Status:		
Is your business part of a financial institution?		
Is your business a U.S., State, or Local government entity?		
Is your business part of a publicly traded entity?	If so what is your ticker symbol?	
Is your business part of a subsidiary of a publicly traded company?	If so what is your ticker symbol?	
Is your business a registered non-profit?		

2**TAX INFORMATION – (THIS SECTION MUST BE COMPLETED FOR ALL UPDATES)**

Business Type: <input type="checkbox"/> Sole Proprietor Partnership <input type="checkbox"/> Public Corp. <input type="checkbox"/> Government <input type="checkbox"/> Closely Held Corp. <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Sub S Corp. <input type="checkbox"/> Other (Assn/Estate/Trust) <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Limited Liability Company – Tax Classification (D=Disregarded entity, C=Corporation, S = S Corporation, P=Partnership) If LLC, please indicate if D, C, S or P		
Legal Business Name (As shown on your business income tax returns. For Sole Proprietors, this should always be the owner's name)		
Address Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential	Social Security #/TIN # or EIN (Employer Identification #):	
Legal Business Address (PO Box not allowed):		
City:	State:	Zip Code:

3**DBA NAME CHANGE**

DBA Business Name (New):		
DBA Address 1 (No PO Box):		
DBA Address 2 (No PO Box):		
DBA Address Type: Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential		
City:	State:	Zip Code:

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OTHER ADDRESS (Please complete if Mailing, Billing, Chargeback or Copy Request is different than DBA Address.)

<input type="checkbox"/> MAILING <input type="checkbox"/> BILLING <input type="checkbox"/> CHARGEBACK <input type="checkbox"/> COPY REQUEST			
Location Name:		Phone Number:	
Contact Name:		Fax Number:	
Address:		City:	State: Zip Code:

5 PRINCIPAL INFORMATION - **Include all owners with 25% or greater ownership.** If there are none then provide the information of the Authorized Signer of the business. One person should be identified as the Responsible Party. The Responsible Party must be a Beneficial Owner or the Authorized Signer with day-to-day control of the Business.

PRINCIPAL 1 INFORMATION - SECTION			
<input type="checkbox"/> Beneficial Owner: Percentage of Ownership _____ %		<input type="checkbox"/> Authorized Signer	
		<input type="checkbox"/> Responsible Party <input type="checkbox"/> Sole Proprietor	
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	
		Phone Number:	
City:	State/Province:	Zip Code:	Country:
Previous Address (if less than 2 years in Home Address)			
Home Address: (No P.O. Box)		City:	State: Zip Code:
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: ID #:			
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	

PRINCIPAL 2 INFORMATION - SECTION			
<input type="checkbox"/> Beneficial Owner: Percentage of Ownership _____ %		<input type="checkbox"/> Authorized Signer	
		<input type="checkbox"/> Responsible Party <input type="checkbox"/> Sole Proprietor	
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	
		Phone Number:	
City:	State/Province:	Zip Code:	Country:
Previous Address (if less than 2 years in Home Address)			
Home Address: (No P.O. Box)		City:	State: Zip Code:
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: ID #:			
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	

PRINCIPAL 3 INFORMATION - SECTION			
<input type="checkbox"/> Beneficial Owner: Percentage of Ownership _____ % <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Sole Proprietor			
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	Phone Number:
City:	State/Province:	Zip Code:	Country:
Previous Address (if less than 2 years in Home Address)			
Home Address: (No P.O. Box)		City:	State: Zip Code:
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN: <input type="checkbox"/> Other: ID #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	

PRINCIPAL 4 INFORMATION - SECTION			
<input type="checkbox"/> Beneficial Owner: Percentage of Ownership _____ % <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Sole Proprietor			
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	Phone Number:
City:	State/Province:	Zip Code:	Country:
Previous Address (if less than 2 years in Home Address)			
Home Address: (No P.O. Box)		City:	State: Zip Code:
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN: <input type="checkbox"/> Other: ID #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	

6 REMOVE CURRENT OWNER / AUTHORIZED SIGNER – Complete only if changing

First Name:	Middle Name:	Last Name:
First Name:	Middle Name:	Last Name:

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INTERMEDIARY BUSINESS / OWNER

Does the business have other investors (businesses) who have a 25% or greater ownership stake? Yes (If yes, complete section 7) No
 (Include all additional intermediaries with 25% or greater ownership)

INTERMEDIARY BUSINESS / OWNER 1 INFORMATION - SECTION			
Intermediary Business Name:		Intermediary Business Contact Name:	
Intermediary Business Phone Number:		Intermediary Email Address (optional):	
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential	
City:	State/Province:	Zip Code:	Country:
INTERMEDIARY BUSINESS OWNER - SECTION			
Intermediary Business Owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Percentage of Ownership: _____%	
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	
City:		State/Province:	Zip Code: _____
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN: <input type="checkbox"/> Other: ID #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	
Signature:			Date:

ADDITIONAL INTERMEDIARY BUSINESS / OWNER (Include all additional intermediaries with 25% or greater ownership)

INTERMEDIARY BUSINESS / OWNER 2 INFORMATION - SECTION			
Intermediary Business Name:		Intermediary Business Contact Name:	
Intermediary Business Phone Number:		Intermediary Email Address (optional):	
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential	
City:	State/Province:	Zip Code:	Country:
INTERMEDIARY BUSINESS OWNER - SECTION			
Intermediary Business Owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Percentage of Ownership: _____%	
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	
City:		State/Province:	Zip Code: _____
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN: <input type="checkbox"/> Other: ID #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	
Signature:			Date:

ADDITIONAL INTERMEDIARY BUSINESS / OWNER (Include all additional intermediaries with 25% or greater ownership)

INTERMEDIARY BUSINESS OWNER 3 INFORMATION - SECTION			
Intermediary Business Name:		Intermediary Business Contact Name:	
Intermediary Business Phone Number:		Intermediary Email Address (optional):	
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential	
City:	State/Province:	Zip Code:	Country:
INTERMEDIARY BUSINESS OWNER - SECTION			
Intermediary Business Owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Percentage of Ownership: _____ %	
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	
City:		State/Province:	Phone Number:
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN: <input type="checkbox"/> Other: ID #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	
Signature:			Date:

ADDITIONAL INTERMEDIARY BUSINESS / OWNER (Include all additional intermediaries with 25% or greater ownership)

INTERMEDIARY BUSINESS OWNER 4 INFORMATION - SECTION			
Intermediary Business Name:		Intermediary Business Contact Name:	
Intermediary Business Phone Number:		Intermediary Email Address (optional):	
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential	
City:	State/Province:	Zip Code:	Country:
INTERMEDIARY BUSINESS OWNER - SECTION			
Intermediary Business Owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Percentage of Ownership: _____ %	
First Name:	Middle Name:	Last Name:	Title:
Address: (No P.O. Box)		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residential or <input type="checkbox"/> Military	
City:		State/Province:	Phone Number:
ID Type: <input type="checkbox"/> Social Security #/ <input type="checkbox"/> Social Insurance #/ <input type="checkbox"/> ITIN: <input type="checkbox"/> Other: ID #:		Date Of Birth:	US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign – ID Type:	If Gov't Issued – ID Name:	If Foreign ID – Country Of Issuance:	
Identification Document:	Issuing Country (If Applicable):	Issuing State (If Applicable):	
Document #:	Issuing Date:	Expiry Date:	
Signature:			Date:

Current Account Information for the Account Type that is changing (Required for Verification)

Current Deposit Account										DDA Account Number
ABA/Routing Number	[]	[]	[]	[]	[]	[]	[]	[]	[]	

Current Billing Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>										DDA Account Number:
ABA/Routing Number:	[]	[]	[]	[]	[]	[]	[]	[]	[]	

Current Chargeback Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>										DDA Account Number:
ABA/Routing Number:	[]	[]	[]	[]	[]	[]	[]	[]	[]	

If you also process through Fusebox and would like to update your bank account information on the Gateway please complete the information below. This information is for the billing of Elavon Hosted Payment Fusebox Gateway service fees only. If you do not use Elavon as your Processor/Acquirer, you will need to notify the appropriate parties so the changes are made to their system as well.

Current Fusebox Billing Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>										Site ID:
ABA/Routing Number:	[]	[]	[]	[]	[]	[]	[]	[]	[]	DDA Account Number:

DEBIT/CREDIT AUTHORIZATION AND PAYMENT AGREEMENT: MERCHANT HEREBY AUTHORIZES ELAVON, IN ACCORDANCE WITH THE MERCHANT PROCESSING AGREEMENT (THE TERMS OF ELAVON'S CURRENT TERMS OF SERVICE AND MERCHANT OPERATING GUIDE BEING EXPRESSLY INCORPORATED HEREIN AND AGREED TO BY MERCHANT), TO INITIATE DEBIT/CREDIT ENTRIES TO MERCHANT'S BUSINESS CHECKING ACCOUNT AS INDICATED. THE AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL (A) ELAVON HAS RECEIVED WRITTEN NOTIFICATION FROM MERCHANT OF ITS TERMINATION IN SUCH MANNER AS TO AFFORD ELAVON REASONABLE OPPORTUNITY TO ACT ON IT; AND (B) ALL OBLIGATIONS OF MERCHANT TO ELAVON THAT HAVE ARISEN HAVE BEEN PAID IN FULL, INCLUDING, BUT NOT LIMITED TO, THOSE OBLIGATIONS DESCRIBED IN THE MERCHANT PROCESSING AGREEMENT. THIS AUTHORIZATION EXTENDS TO SUCH ENTRIES IN SAID ACCOUNT CONCERNING LEASE, RENTAL, OR PURCHASE AGREEMENTS FOR POSTERMINAL AND/OR ACCOMPANYING EQUIPMENT.

NOTE: If you receive funding directly from American Express (800-528-5200), Discover (800-347-2000) and/or Diners Club (800-525-7376), you will need to notify them of your change, as each will need to make the appropriate changes to their system as well.

New Account Information

New Deposit Account										DDA Account Number
ABA/Routing Number	[]	[]	[]	[]	[]	[]	[]	[]	[]	

New Billing Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>										DDA Account Number:
ABA/Routing Number:	[]	[]	[]	[]	[]	[]	[]	[]	[]	

New Chargeback Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>										DDA Account Number:
ABA/Routing Number:	[]	[]	[]	[]	[]	[]	[]	[]	[]	

If you also process through Fusebox and would like to update your bank account information on the Gateway please complete the information below. This information is for the billing of Elavon Hosted Payment Fusebox Gateway service fees only. If you do not use Elavon as your Processor/Acquirer, you will need to notify the appropriate parties so the changes are made to their system as well.

New Fusebox Billing Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>										Site ID:
ABA/Routing Number:	[]	[]	[]	[]	[]	[]	[]	[]	[]	DDA Account Number:

9 SIGNATURE INFORMATION

By signing this document, you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein. "The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this company application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate. Please Notify Elavon if there are changes in your beneficial ownership structure or if your company has the ability to issue bearer shares.

Owner / Officer Signature X	Printed Name	Title	Date
Owner / Officer Signature X	Printed Name	Title	Date

For BANK/INTERNAL USE ONLY				
Rel	Pend Reason	Approved	Keyed	Validated