

Ownership/Structure Change Form – US

Thank you for notifying us of the recent change to your business. We're happy to process the ownership or structure change you requested for your payment processing account. *(If you're currently leasing equipment and the bank information or ownership of your business has changed, please contact LADCO Customer Service at 1-800-678-8666 to initiate the change for the lease.)* Updating your payment processing account is a simple 3-step process. The information below will help guide you through the steps, so your request can be processed.

STEP 1: You complete and return sections A-E on pages 2-4 (and section F and/or G on pages 5-6 if applicable)

- A** NEW BUSINESS SUBSTITUTE FORM W-9 – For detailed instructions on completing the W-9 Form in Section A, please refer to your tax return or visit www.irs.gov/pub/irs-pdf/iw9.pdf. This information is the same information used to file taxes for your business. It is important the information be correct as it will be used for the required IRS 1099K reporting.
- B** NEW BUSINESS INFORMATION – Section B needs to be completed using the information for your physical business location.
- C** PRINCIPAL INFORMATION – Section C must be completed to include all new Beneficial Owners, Authorized Signers, Responsible Parties, or Account Certifiers of the business. Please complete the “Additional Principals” portion in Section F if there is more than one owner/principal/responsible party/account certifier.
- D** BANKING INFORMATION – Please provide any changed banking information for your business in section D. If your banking information has not changed, section D is not required.
- E** SIGNATURE INFORMATION – Section E must be signed by the owner(s), authorized signer(s), or account certifier(s) listed in Section C and F.
- F** ADDITIONAL PRINCIPALS – Section F must be completed if there is more than one owner/principal/responsible party/account certifier.
- G** NON-INDIVIDUAL TRUSTEE – Section G must be completed when a business is the owner of the Elavon Trustee customer.

**For questions, please contact us at 1-844-680-5986.
Hours of operation are 8:30am-4:00pm Eastern Monday- Friday.**

Please return the completed change form to us via:



Email:
Assumption.Agreements@elavon.com



Fax:
866-508-2154



Mail:
Assumption Agreements
7300 Chapman Hwy.
Knoxville, TN 37920

STEP 2: We review your request, prepare and send required documentation to you.

- Once we receive the completed form, it will be reviewed for any missing information and we will prepare the necessary documents to process your request within 72 hours of receipt.
- We may contact you at the e-mail address you provided in section B for additional information.
- We will provide any legal documentation requiring your signature to process the request. For example, a change in ownership, legal name and federal tax identification number may require an Assumption Agreement and supporting documents such as bill of sale, articles of incorporation/organization, financial statements and/or IRS assignment letter.

STEP 3: You return the requested supporting and signed documents.

- Once we receive the requested and signed documents, we will review for completion.
- If there is anything that prevents us from processing your request, we will contact you at the e-mail address provided in section B.
- Once we receive the requested and signed documents, an additional review will be performed to ensure completion.
- If the request does not meet credit requirements, someone will contact you.

DBA: _____

Merchant Identification Number: _____

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Please return the completed sections back to us via:

 Email:
Assumption.Agreements@elavon.com

 Fax:
866-508-2154

 Mail:
Assumption Agreements
7300 Chapman Hwy.
Knoxville, TN 37920

EXISTING BUSINESS INFORMATION

Legal Business Name:	Business Type:
DBA Name:	EIN/TIN/Social Security #:

A NEW BUSINESS SUBSTITUTE FORM W-9 *REQUIRED FIELDS

*Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company – Tax Classification (D=disregarded entity, C=corporation, S=S Corp, P=partnership) If LLC, please indicate if D, C, S or P			
*Legal Business Name (As shown on your income tax return.)			
*Legal Business Address (No PO Box) <input type="checkbox"/> Business <input type="checkbox"/> Residential			*Social Security #(For Sole Proprietor and Unincorporated Associations only)/TIN # OR EIN (Employer Identification #)
*City	*State	*Zip Code	
If requesting a change to the Federal Tax ID number, please describe the reason for the update.			

B NEW BUSINESS INFORMATION *REQUIRED FIELDS

*DBA Name (if different than Legal Business Name)			
*DBA Phone #		DBA Fax#	
*Contact Name		Customer Service Phone#	Mobile Phone#
*DBA Address 1 (No PO Box) <input type="checkbox"/> Business <input type="checkbox"/> Residential		*Year Established	*Length of Current Ownership
DBA Address 2 (No PO Box)		*Email Address	
*City	*State	*Zip Code	Website Address
*Describe Products/Services Sold or Provided by the Business		*Annual Revenue	
*Business Country of Formation (Headquartered)		*Country of Primary Business Operations	
Please list all Merchant Identification Numbers affected with this change request. If necessary, please attach Merchant Identification Numbers on an additional sheet.			

DBA: _____ Merchant Identification Number: _____

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C **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, if there are none, an Authorized Signer with day-to-day control of the Business. 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 as the Account Certifier.

***REQUIRED FIELDS**

<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Account Certifier <input type="checkbox"/> Sole Proprietor				*Percentage of Ownership %					
*First Name:		Middle Name:		*Last Name:		* Title:			
* Address: (No PO Box) <input type="checkbox"/> Residential <input type="checkbox"/> Military						* Phone Number:			
*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:			
Previous Address (if less than 2 years in Home Address)									
Residential Address:				City:		State:		Zip Code:	
Does the business have other Principals (owners) who have 25% or greater ownership directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise? <input type="checkbox"/> Yes (Complete section F) <input type="checkbox"/> No									

D **BANKING INFORMATION**

Deposit Account Bank Name	ABA/Routing Number	DDA Account Number
Billing Bank Name (if different than above)	ABA/Routing Number (if different than above)	DDA Account Number (if different than above)
Chargeback Bank Name (if different than above)	ABA/Routing Number (if different than above)	DDA Account Number (if different than above)

EBIT/CREDIT AUTHORIZATION AND PAYMENT AGREEMENT: MERCHANT HERE BY 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 POS TERMINAL 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.

DBA: _____ Merchant Identification Number: _____

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E SIGNATURE INFORMATION *REQUIRED FIELDS

➤ I hereby certify that to the best of my knowledge, the information provided about me, 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 correct. I understand that withholding or providing false information may result in delayed request, denial of request, or account closure. The undersigned has the authority to bind this entry.

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

Please notify Elavon if there are changes in your beneficial ownership structure or if your company has the ability to issue bearer shares.

For BANK/INTERNAL USE ONLY					<input type="checkbox"/> NAME <input type="checkbox"/> AGENT BANK (Owner/Officer and Bank Signature Required) <input type="checkbox"/> PROCESSING BANK (Bank Signature Only)
Requestor:		Phone Number:			
Duly authorized Bank Office signature required if submitting on behalf of the merchant					
Rel	Pend Reason	Approved	Keyed	Validated	

DBA: _____ Merchant Identification Number: _____

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ADDITIONAL PRINCIPALS

F PRINCIPAL 2 INFORMATION *REQUIRED FIELDS

* <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Account Certifier <input type="checkbox"/> Sole Proprietor				*Percentage of Ownership		%			
*First Name:		Middle Name:		*Last Name:		* Title:			
* Address: (No PO Box) <input type="checkbox"/> Residential <input type="checkbox"/> Military				* Phone Number:					
*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:			
Previous Address (if less than 2 years in Home Address)									
Residential Address:				City:		State:		Zip Code:	

PRINCIPAL 3 INFORMATION *REQUIRED FIELDS

* <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Account Certifier <input type="checkbox"/> Sole Proprietor				*Percentage of Ownership:		%			
*First Name:		Middle Name:		*Last Name:		* Title:			
* Address: (No PO Box) <input type="checkbox"/> Residential <input type="checkbox"/> Military				* Phone Number:					
*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:			
Previous Address (if less than 2 years in Home Address)									
Residential Address:				City:		State:		Zip Code:	

DBA:

Merchant Identification Number:

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PRINCIPAL 4 INFORMATION *REQUIRED FIELDS

* <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Account Certifier <input type="checkbox"/> Sole Proprietor				*Percentage of Ownership %	
*First Name:		Middle Name:		*Last Name:	
*Title:					
* Address: (No PO Box) <input type="checkbox"/> Residential <input type="checkbox"/> Military				* Phone Number:	
*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:	
Previous Address (if less than 2 years in Home Address)					
Residential Address:			City:	State:	Zip Code:

G

NON-INDIVIDUAL TRUSTEE BENEFICIAL OWNER

*Legal Trustee Name:		*Entity Type Sole Proprietor or Business:		*Percentage of Ownership %	
*ID Type Federal Tax ID/BNR or SSN (For Sole Proprietor only):		*ID Number:		*Documentation Type:	
*Address: (No PO Box) <input type="checkbox"/> Business <input type="checkbox"/> Residential					
*City:		*State:		*Zip Code:	
*Country:			*Is this a US entity:		

DBA: _____

Merchant Identification Number: _____