



Date:	
Agent Name:	
Agent Contact Name:	TRUE MERCHANT
Agent Phone Number:	1-888-592-7075
Agent Email Address:	support@truemerchant.com
Merchant Number:	
Merchant DBA:	
Merchant (Requestor's Name):	
Federal Tax ID:	
Signers Social Security Number:	
Merchant Phone Number:	

**ABA/DDA Change Request**

**(Please fax completed forms to 484-581-2201)**

\*\*Agents may submit requests through the Ticketing system and upload the appropriate attachments.

<b>Bank Rep Name:</b>	
<b>Bank Rep Phone Number:</b>	

	Old Values	New Values
<b>ABA/Routing Number:</b>		
<b>DDA / Account Number:</b>		

**Must Include Most Recent Months Bank Statement for bank account currently on file**

(Affix Voided Check Here – Bank Letter Should Be Attached As a Separate Page)

\_\_\_\_\_  
Merchants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Merchants Printed Name

\_\_\_\_\_  
Merchants Title

**\*\*Note - Only the application signer or authorized contact is permitted to submit bank change requests. Forms submitted by another party will be rejected via a ticket to the agent.**