



## ACCOUNT CHANGE REQUEST FORM - US

Thank you for notifying us of the recent change to your business. We're happy to process the change(s) you requested for your payment processing account. Updating your payment processing account is a simple 3-step process. The information below will help guide you through the steps.

Please note: if you are currently leasing a payment device and the bank information or ownership of your business has changed, please also contact LADCO Customer Service at 1-800-678-8666 to initiate the change for the lease as well.

### STEP 1: COMPLETE THE FORM SECTIONS A-J AND RETURN TO US.

A

- Existing Business Information
- This section must be completed for all request types.

B

- New Business Substitute W-9
- This section must be completed for all request types. This information is the same as you use to file taxes for your business. It is important that this information is correct as it will be used for the required IRS 1099K reporting.
- For detailed instructions on completing the W-9 form please refer to your tax return or visit [www.irs.gov/bup/irs-pdf/iw9.pdf](http://www.irs.gov/bup/irs-pdf/iw9.pdf).

C

- New Business Information
- Section C must be completed using the information for your physical business location

D

- Other Addresses
- Complete if Mailing, Billing, Chargeback, or Copy Request address is different to your DBA/Legal Business Address.

E

- Remove Current Owner/Authorized Signer
- Complete this section if you are removing an owner or authorized signer.

F

- Principal Information
- This section must be completed to include all Beneficial Owners, Authorized Signers, Responsible Parties, or Account Certifiers of the business.
- If your business has more than one person with one of these roles, please also complete section G.
- Provide written confirmation on company letterhead showing who to add and who to remove if you are removing ALL current signers or owners.

G

- Additional Principals
- This section must be completed if there is more than one owner, principal, responsible party, or account certifier.

H

- Banking Information
- Please provide any changed banking information for your business.
- If your banking information has not changed, section H is not required.

I

- Non-Individual Trustee
- This section must be completed when the business is the owner of an Elavon Trustee customer.

J

- Signature Information
- This section must be completed for all request types.
- Section J must be signed and dated by the owner(s), authorized signer(s), or account certifier(s) listed in sections F and G.



## ACCOUNT CHANGE REQUEST FORM - US

Once you have completed all relevant sections of the form return it to us via email:

- DBA and/or DDA changes: [merchant.change@elavon.com](mailto:merchant.change@elavon.com)
- Ownership or legal business structure changes: [assumption.agreements@elavon.com](mailto:assumption.agreements@elavon.com)
  - You may also return by mail to Assumption Agreements, 7300 Chapman Highway, Knoxville, TN 37920.
- For Fusebox accounts, return to [FuseboxAMS@elavon.com](mailto:FuseboxAMS@elavon.com).
- For CenPOS accounts, return to [CenPOSOps@elavon.com](mailto:CenPOSOps@elavon.com).

For questions about how to complete the form, please call 1-800-725-1243.

- Note: Please remember to include your DBA name and Merchant ID Number (MID) where indicated.
- Fields marked with an asterisk (\*) are required if the section is relevant to your request.

### STEP 2: WE WILL REVIEW YOUR REQUEST AND SEND YOU ANY ADDITIONAL DOCUMENTS THAT ARE REQUIRED.

- Once we receive your completed change form, it will be reviewed for any missing information and if applicable, we will prepare any necessary documents to process your request.
- We will provide any legal documentation requiring your signature to process the request, and we may request additional documentation from you.
  - For example, for a change in ownership, legal, and federal tax ID number may require an Assumption Agreement and supporting documents such as bill of sale, articles of incorporation/organization and/or financial statements.

### STEP 3: YOU RETURN THE REQUESTED SUPPORTING AND SIGNED DOCUMENTS

- Once we receive the requested documents, we will review for completion.
- If there is anything that prevents us from processing your request, we will contact you at the email address provided in section C (or section A, if your request doesn't require section C).
- An Elavon representative will contact you if the request does not meet any applicable credit requirements.
- The account may be closed if the requested information is not received within the provided timeframe.



## ACCOUNT CHANGE REQUEST FORM - US

Please indicate the type(s) of change you need below (check all that apply):

☐ Business Legal or DBA Name (Complete sections A, B, C, J)

☐ Banking Information (DDA) (Complete sections A, B, H, J)

☐ Ownership or Business Structure Change (Complete sections A, B, C, E, F, H, J, plus other optional sections as needed)

Effective Date of Change: \_\_\_\_\_

Note: If you need the change to take place on a specific future date, please indicate the desired date here. If not you can leave this blank, and the request will be processed in the order received.

\*Merchant ID # (MID)

\*Doing Business As Name (DBA)

For Fusebox Site/Entity updates, please select the options below and provide your Site or Entity ID.

Site/Entity ID: \_\_\_\_\_

☐ DBA, Legal Name, or Tax ID Change

☐ DDA Change

☐ Address Change

☐ Contact/Authorized Signer Name

Change

For CenPOS updates, please select the options below and provide your CenPOS MID.

CenPOS MID: \_\_\_\_\_

☐ DBA, Legal Name, or Tax ID Change

☐ DDA Change

☐ Address Change

☐ Contact/Authorized Signer Name

Change

### A: EXISTING BUSINESS INFORMATION (REQUIRED FOR ALL REQUEST TYPES)

*DBA Name (Current)		*DBA Phone Number	
*Contact Name		DBA Fax Number	Cell Phone Number
*Email Address			
*DBA Address 1 (No PO Box) (select one) <input type="checkbox"/> Business <input type="checkbox"/> Residential			
DBA Address 2 (No PO Box)			
*City		*State	*ZIP Code
*Describe Products/Services Sold or Provided by the Business		*Annual Revenue	
*Business Country of Formation (Headquartered)		*Country of Primary Business Operations	

### B: NEW BUSINESS SUBSTITUTE W-9 (REQUIRED FOR ALL REQUEST TYPES)

Please Check this box if ANYTHING in section B has changed since you last updated this account: ☐

*Business Type: Sole Proprietor C Corporation S Corporation Partnership Unincorporated Association (select one) Government Non-Profit Organization Trust Estate Limited Partnership 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) (select one) <input type="checkbox"/> Business <input type="checkbox"/> Residential			*Social Security # (For Sole Proprietor and Unincorporated Associations only) <b>OR</b> TIN # / EIN (Employer Identification #)
*City	*State	*ZIP Code	
If requesting a change to the Federal Tax ID number, please describe the reason for the update.			

\*DBA: \_\_\_\_\_

\*Merchant Identification Number (MID): \_\_\_\_\_



## ACCOUNT CHANGE REQUEST FORM - US

### C: NEW BUSINESS INFORMATION (REQUIRED FOR DBA AND/OR OWNERSHIP/STRUCTURE CHANGES)

*DBA Name (if different than Legal Business Name)			
*DBA Phone Number		DBA Fax Number	
*Contact Name		Customer Service Phone Number	Cell Phone Number
*DBA Address 1 (No PO Box) (select one) <input type="checkbox"/> Business <input type="checkbox"/> Residential			
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.			

### D: OTHER ADDRESSES

Complete if Mailing, Billing, Chargeback, or Copy Request address requires an update or is different to business address above; fields marked with \* are required if this section is required.

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

### E: REMOVE CURRENT OWNER/AUTHORIZED SIGNER

Complete only if changing, if removing all please also complete section F; fields marked with \* are required if this section is required.

*First Name:	Middle Name:	*Last Name:	Fusebox Only Contact Type:
First Name:	Middle Name:	Last Name:	Fusebox Only Contact Type:

\*DBA: \_\_\_\_\_

\*Merchant Identification Number (MID): \_\_\_\_\_



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### F: PRINCIPAL INFORMATION

- **Include ALL individual owners with 25% or greater ownership.** If there are none, then provide the information of the Authorized Signer of the business. If the business is owned either whole or in part by a non-individual trustee, also complete section I.
- **At least one person must 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.
- **At least one person should be identified as the Account Certifier.** Account Certifier could be a Beneficial Owner, Authorized Signer or Responsible Party who will certify the account information is correct.
- **Provide written confirmation on company letterhead showing who to add and who to remove** if ALL current signers/owners are being removed.
- **Fields marked with \* are required if this section is required for your change.**

* <input type="checkbox"/> Beneficial Owner Percentage of Ownership _____ %				<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Account Certifier	<input type="checkbox"/> Sole Proprietor
<b>Fusebox Only</b> Contact Type: _____							
*First Name:		Middle Name:		*Last Name:		* Title:	
* Address: (No PO Box) (select one) <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:	* Email Address:		* 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 G) <input type="checkbox"/> No							

\*DBA: \_\_\_\_\_

\*Merchant Identification Number (MID): \_\_\_\_\_



## ACCOUNT CHANGE REQUEST FORM - US

### G: ADDITIONAL PRINCIPALS

Complete if you are adding more than one owner, authorized signer, or account certifier.

#### PRINCIPAL #2 (FIELDS MARKED WITH \* ARE REQUIRED IF THIS SECTION IS REQUIRED)

* <input type="checkbox"/> Beneficial Owner Percentage of Ownership _____ % <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Account Certifier <input type="checkbox"/> Sole Proprietor			
Fusebox Only Contact Type: _____			
*First Name:	Middle Name:	*Last Name:	*Title:
* Address: (No PO Box) (select one) <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:	*Email Address:
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 (FIELDS MARKED WITH \* ARE REQUIRED IF THIS SECTION IS REQUIRED)

* <input type="checkbox"/> Beneficial Owner Percentage of Ownership _____ % <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Responsible Party <input type="checkbox"/> Account Certifier <input type="checkbox"/> Sole Proprietor			
Fusebox Only Contact Type: _____			
*First Name:	Middle Name:	*Last Name:	*Title:
* Address: (No PO Box) (select one) <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:	*Email Address:
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 (MID): \_\_\_\_\_



## ACCOUNT CHANGE REQUEST FORM - US

### PRINCIPAL #4 (FIELDS MARKED WITH \* ARE REQUIRED IF THIS SECTION IS REQUIRED)

* <input type="checkbox"/> Beneficial Owner Percentage of Ownership _____ %				<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Account Certifier	<input type="checkbox"/> Sole Proprietor
<b>Fusebox Only</b> Contact Type: _____							
*First Name:		Middle Name:		*Last Name:		*Title:	
* Address: (No PO Box) (select one) <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:	*Email Address:		* 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 (MID): \_\_\_\_\_



## ACCOUNT CHANGE REQUEST FORM - US

### H: BANKING INFORMATION (SECTIONS MARKED WITH \* ARE REQUIRED IF THIS SECTION IS REQUIRED)

Current Account Information for the Account Type that is changing (Required for Verification)										
<b>*Current Deposit Account</b>										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number
<b>*Current Billing Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number
<b>*Current Chargeback Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account 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.										
<b>Current Fusebox Billing Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number
If you also process through CenPOS and would like to update your bank account information on the Gateway, please complete the information below. This information is for the billing of CenPOS 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.										
<b>Current CenPOS Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number

DEBIT/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.

New Account Information for the Account Type that is changing										
<b>*New Deposit Account</b>										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number
<b>*New Billing Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number
<b>*New Chargeback Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account 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. Note: For chain statements, the billing account will need to be changed at the entity level as well as for the sites. You can find a full list of your entities and sites by clicking on 'Change Hierarchy' on the home page and searching without entering any criteria.										
<b>New Fusebox Billing Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number
If you also process through CenPOS and would like to update your bank account information on the Gateway, please complete the information below. This information is for the billing of CenPOS 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.										
<b>New CenPOS Account</b> <input type="checkbox"/> Check here if same as Deposit account										
ABA/Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										DDA Account Number

\*DBA: \_\_\_\_\_

\*Merchant Identification Number (MID): \_\_\_\_\_





## ACCOUNT CHANGE REQUEST FORM - US

### I: NON-INDIVIDUAL TRUSTEE OWNER (FIELDS WITH \* ARE REQUIRED IF THIS SECTION IS REQUIRED)

Complete if updating the ownership information for the account when your business is owned either whole or in part by a non-individual trustee. If your business also has individual owners, account certifiers, or instructors, also complete section F (and G if applicable).

*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)			
*City:	*State:	*ZIP Code:	
*Country:		*Is this a US entity:	

### J: SIGNATURE INFORMATION (REQUIRED FOR ALL REQUEST TYPES)

- 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.
- Signatures must be either a physical/wet signature or an electronic signature. If an electronic signature is being used, please provide the confirmation/evidence of summary page from the service used to sign the documents. These are the only acceptable forms of signatures.

*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 or if the legal entity has outstanding unregistered bearer shares or the ability to issue new unregistered bearer shares. Types of change may include new individual who owns 10% of more of the entity or a new individual who controls the entity.**