

## Merchant Account Bank/DDA Change Form

All fields with an \* are required to be filled out

**An imprinted voided check or a verified bank letter along is required along with this form.** Bank Letter must contain bank representative's name, contact information, branch information, demand deposit account (DDA), routing number, and merchant information. Submitting a government issued ID or additional documentation may be required.

<b>Check all that apply for change:</b>		
<input type="checkbox"/> Credit Card Processing	<input type="checkbox"/> ACH	
*Merchant DBA:	Merchant Number:	
*Merchant Legal:	Date:	
<b>COMPLETE THIS SECTION WITH THE <u>EXISTING BANK</u> INFORMATION</b>		
<input type="checkbox"/> Same account for deposits and fees <input type="checkbox"/> Separate accounts for deposits and fees		
Account Number:	Routing Number:	<input type="checkbox"/> Fees <input type="checkbox"/> Deposits
Account Number:	Routing Number:	<input type="checkbox"/> Fees <input type="checkbox"/> Deposits
<b>COMPLETE THIS SECTION WITH THE <u>NEW BANK</u> INFORMATION</b>		
* <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Savings account must be able to receive an unlimited amount of ACH withdrawals and deposits)		
* <input type="checkbox"/> Same account for both <input type="checkbox"/> Separate accounts for deposits and fees		
*Account Number:	*Routing Number:	<input type="checkbox"/> Fees <input type="checkbox"/> Deposits
*Bank Name:		
*Account Number:	*Routing Number:	<input type="checkbox"/> Fees <input type="checkbox"/> Deposits
*Bank Name:		
Reason for Change:		

I hereby authorize my bank and any of its employees or officers to verify the information requested on this form for the purpose of changing bank information with KORT Payments Corp. ("KORT"). KORT and its banking partners are not liable for any funds deposited to the account referenced above. By providing the signature below you are agreeing that the above referenced account numbers are true and accurate.

**IMPORTANT: Form should be signed by an authorized signor(s) on the account. Please allow up to 48 hours or (2) business days to complete.**

*Merchant Approval – <b>Printed</b> Name of Authorized Signer	Title	Date
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*Merchant Approval – <b>Signature</b> of Authorized Signer	Title	Date
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*Electronic signatures must provide certificate of completion.*

If you should have any questions, please contact Merchant Support at (888) 851-7558.  
Please email this form with supporting documentation to [merchantsupport@kortpayments.com](mailto:merchantsupport@kortpayments.com)