

DDA / DBA CHANGE FORM

Thank you for notifying us of the recent change to your business. We're 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. *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).*
- 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 any changed banking information for your business. If your banking information has not changed, 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.

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 MerchantChange@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:	
Legal Business Name (If different than DBA Name):	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:
Special Requirements	Does the company operate a privately owned, non-bank ATM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the company a Non-Profit/Non-Government Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the company a Money Services Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Business Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Public Corp.	<input type="checkbox"/> Closely Held Corp.	<input type="checkbox"/> Sub S Corp.	<input type="checkbox"/> Professional Corporation
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Government	<input type="checkbox"/> Tax Exempt Organization	<input type="checkbox"/> Other (Assn/Estate/Trust)	
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)					
Legal Business Address (PO Box not allowed): Address Type: <input type="checkbox"/> Business or <input type="checkbox"/> Residential				Social Security #/TIN #	
City:				or	
State:				EIN (Employer Identification #):	
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:
Business Country of Formation (Headquartered):	Country of Primary Business Operations:	Annual Revenue:
Evidence of Legal Status:		

4 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:	
Business Country of Formation (Headquartered):	Country of Primary Business Operations:	Annual Revenue:	
Evidence of Legal Status:			

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:	
Business Country of Formation (Headquartered):	Country of Primary Business Operations:	Annual Revenue:	
Evidence of Legal Status:			

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:	
Business Country of Formation (Headquartered):	Country of Primary Business Operations:	Annual Revenue:	
Evidence of Legal Status:			

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:	
Business Country of Formation (Headquartered):	Country of Primary Business Operations:	Annual Revenue:	
Evidence of Legal Status:			

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

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

7 INTERMEDIARY BUSINESS / OWNER

Does the business have other investors (businesses) who have a 25% or greater ownership stake? Yes (If yes, complete section 9) 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:		Percentage of Ownership: _____ %	
Intermediary Business 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	
Phone Number:			
City:	State/Province:	Zip Code:	Country:
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:		Percentage of Ownership: _____ %	
Intermediary Business 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	
Phone Number:			
City:	State/Province:	Zip Code:	Country:
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:		Percentage of Ownership: _____%	
Intermediary Business 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	
Phone Number:			
City:	State/Province:	Zip Code:	Country:
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:		Percentage of Ownership: _____%	
Intermediary Business 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	
Phone Number:			
City:	State/Province:	Zip Code:	Country:
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:

8 DDA CHECKING ACCOUNT CHANGE

Deposit Account	
ABA/Routing Number <input style="width: 100%; height: 20px;" type="text"/>	DDA Account Number
Billing Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>	
ABA/Routing Number: <input style="width: 100%; height: 20px;" type="text"/>	DDA Account Number:
Chargeback Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>	
ABA/Routing Number: <input style="width: 100%; height: 20px;" type="text"/>	DDA Account Number:
<small>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.</small>	
Fusebox Billing Account <input type="checkbox"/> <i>Check here if same as Deposit Account</i>	
ABA/Routing Number: <input style="width: 100%; height: 20px;" type="text"/>	DDA Account Number:
Site ID:	

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.

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.

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