



The Leader in Payment Processing

Merchant Account Change of Address Form

PLEASE FAX COMPLETED FORM TO 1-877-260-9736

Merchant ID: _____

Current Information:

Legal Name: _____ DBA Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

New Information:

Legal Name: _____ DBA Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Owner Name (printed): _____

Owner Signature: _____

Date: _____