



**BANK ACCOUNT NUMBER FOR ACH  
DEBITS/CREDITS  
CHANGE REQUEST FORM**

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM AND THE VOIDED CHECK TO  
CUSTOMER SERVICE AT 312-640-0294.  
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE HAS BEEN  
VERIFIED BY CUSTOMER SERVICE.  
*Thank you for your cooperation.***

**Merchant Name:** \_\_\_\_\_

**Merchant Number:** \_\_\_\_\_

**Old Banking Information:**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Transit Routing Number / ABA Number

\_\_\_\_\_  
Account Number

**New Banking Information: (Must be a checking account)**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Transit Routing Number / ABA Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
**Signature of Authorized Principal**  
(as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

If you should have any questions, please contact our Customer Service department at (800) 675-6573 or email us at [support@capitalpayments.com](mailto:support@capitalpayments.com).

**A \$25.00 processing fee will be charged to the new checking account.**