



445 Route 304
Bardonia, New York 10954
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FOR OFFICE USE ONLY	
<input type="checkbox"/> ACH	REP ID _____
<input type="checkbox"/> LCF	

Company Bank Account Change Form

Company ID: _____ Company Name: _____

New Bank Name: _____

New Account Name (if applicable): _____

New Account Number: _____

New ABA (Routing) Number: _____

New Starting Check Number: _____

Attach VOIDED check here

JOHN A. DOE MARY B. DOE 123 YOUR STREET ANYWHERE, U.S.A. 12345	_____ 19 _____
PAY TO THE ORDER OF _____	\$
First National Bank of Anywhere 123 Main Street Anywhere, U.S.A. 12345	DOLLARS
FOR _____	SAMPLE (NON-NEGOTIABLE)
⑆0⑆10000⑆⑆⑆⑆ 123456789⑆	

ABA Number Account Number

Comments: _____

Effective Date of Change: ____/____/____

I certify that the changes listed above are accurate and authorize PayServ Corporation to make the changes for the effective date listed above. I further certify that there have been no changes in legal entity (e.g. partnership to corporation) or employer identification number that would require a new company ID to be established. I also understand there will be a \$15.00 processing fee for this change.

THIS FORM IS NOT TO BE USED FOR DIRECT DEPOSIT. THIS IS ONLY FOR COMPANY BANK ACCOUNTS.

Client Authorized Signature _____ Print Name _____ Date ____/____/____