

MERCHANT ACCOUNT MAINTENANCE FORM

Please fax completed form to (817) 317-7385 or mail to 100 Throckmorton St. Suite 1800, Fort Worth, TX 76102

Merchant # (MID): _____

Federal Tax ID*: _____

Business name: _____

Please apply changes to[†]:
(check all that apply)

☐ Visa, MasterCard, Discover, PIN based debit,
Secur-Chex and FirstAdvantage gift cards

☐ Merimac Capital
Leasing

☐ FirstFund ACH
Processing

If multiple MIDs are affected by this change, please submit a separate form for each MID.

ACCOUNT CHANGES Check all that apply and enter new information.

DBA Information	<input type="checkbox"/> Name New Name: _____ <input type="checkbox"/> Address New Street Address: _____ New City/State/Zip: _____ <input type="checkbox"/> Phone Number New Phone Number: _____
Legal (Corporate) Information	<input type="checkbox"/> Name* New Name: _____ <input type="checkbox"/> Address New Street Address: _____ New City/State/Zip: _____ <input type="checkbox"/> Phone Number New Phone Number: _____
Mailing Information	<input type="checkbox"/> Address New Street Address: _____ New City/State/Zip: _____

AUTHORIZATION

I hereby authorize my bank and any employees or officers to verify the information requested on this form for the purpose of updating my merchant account. I agree to these changes and a \$35.00 fee for programming of DBA or legal (corporate) name changes. *Do not send payment. This fee will automatically be deducted from the bank account on file.*

Merchant Signature: _____
(Must be original contract signer's signature)

Merchant Printed Name: _____ Date: _____

* If your Federal Tax ID number has changed, you may be required to submit a new application for merchant processing in lieu of this form.

† If you are doing business directly with American Express, please contact them directly to request changes.