

# 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<sup>†</sup>:  
(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.

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