



BANK CHANGE FORM

FAX THE COMPLETED BANK CHANGE FORM AND A VOIDED CHECK OR DEPOSIT TICKET DIRECTLY TO THE CHECKFREEPAY CASH MANAGEMENT DEPARTMENT AT (203) 679-4848.

Date: _____

Agent Name: _____

Name of Business Owner: _____

Agent Phone: _____ Agent Fax: _____

ALL Terminal ID's to be Changed: _____
(Attach List if Necessary)

Current Bank Name: _____

Current ABA #: _____ Current Account #: _____

New Bank Name: _____ New Bank Phone: _____

New ABA #: _____ New Account #: _____

NOTE:

- Agent's bank account must be a business checking account. Starter checks will not be accepted unless accompanied by a letter from the new bank verifying that this is a business account.
- If agent does not follow deposit instructions provided by CheckFreePay, such as depositing prior to telephone notification from an authorized CheckFreePay representative and overdraft fees result, the agent will be liable for such fees.
- Any bank change received after 3:00 p.m. Eastern will be initiated the following business day provided all required information is received. Bank changes subject to approval by an authorized CheckFreePay representative.

Signature of Business Owner: _____ Date: _____

Type of Change (For CheckFreePay Office Use Only)

Agent to Agent Banking Agent to Premium CFP to CFP Banking
 CFP to Agent Banking CFP to Premium
(Subject to Approval)

Time of Daily Transmission: _____

Date of First Deposit to New Bank: _____

Signature of CheckFreePay Representative: _____ Date: _____

TMS Change Call Back Date: _____
 Non-Contracted Change Date Called: _____