

DDA Change Request Form



Card Payment Systems

Attn: Account Maintenance
1377 Motor Parkway Suite 301
Hauppauge NY 11788
support@practicepaysolutions.com
Fax: (866) 319-5880

Dear Card Payment Systems:

Please accept this written request to change the DDA for Merchant Account Number (MID) _____.

DBA _____

The bank name is _____.

_____ is my bank representative and his/her phone number is
(_____) _____ - _____.

I have attached a **voided check** for the new DDA showing the new Transit Routing and DDA #'s, as well as a **copy of the front and back of my valid driver's license**.

In addition, I understand that this change will take **2-3 business days** after receipt of this request by Card Payment Systems. Therefore, our existing DDA will remain open during this time to prevent our deposits and associated fees from rejecting. I also understand that if I accept American Express and Discover credit cards that I must contact these entities directly at 800-528-5200 (Amex) and 800-347-2000 (Discover) to request a DDA change for my merchant account.

Below are the signature(s) of all signer(s) of the Merchant Application authorizing Card Payment Systems to make the change requested above.

Sincerely,

Signature of Principal or Corporate Officer Title Date

Signature of Principal or Corporate Officer Title Date

Please mail or fax your request and all required documentation to the address or fax listed above.