

## DDA Change Request Form



### Card Payment Systems

Attn: Account Maintenance  
1377 Motor Parkway Suite 301  
Hauppauge NY 11788  
support@directpayinc.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.**