

# Checking Account Change Form (Schedule B-1)



Please use this form to request that your bank account information be updated. Authorization for deposit and/or pre-authorized payment.

Merchant Name			
Merchant Number			
Business Phone Number			
Business Address			
City, State, Zip			
E-Mail Address			
I hereby authorize Merrick, HSBC, or Westamerica Bank to initiate debit/credit entries to my account at the financial institution indicated below			
Financial Institution Name		Routing Number (ABA)	
Financial Institution Address			
City, State, Zip			
Branch			
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number (DDA)	

This authority is to remain in full effect until "Company" has received written notification from me of its termination in such time and in such manner as to afford "Company" and "Bank" a reasonable opportunity to act on it.

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name of Authorized Merchant Principal

\_\_\_\_\_

Signature of Authorized Merchant Principal

Please send signed completed form to [support@signaturepayments.com](mailto:support@signaturepayments.com)  
or via fax Attn: Customer Service. If you have any questions, please contact our office.

**PLEASE INCLUDE A VOIDED CHECK**

2101 W. Burbank Blvd • Burbank, CA 91506 • Phone 800.631.3072 • Fax 323.866.3280

