



## Company Bank Change

Company Name: \_\_\_\_\_

### New Banking Information:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Starting Check Number: \_\_\_\_\_

New checking account will be used for electronic debits for the following:

Payroll       Invoice       Billing       Taxes

New checking account will be used for live payroll checks:       Yes       No

Effective Date of Bank Change: \_\_\_\_\_

**Important:** Your bank change form must be accompanied by a voided check in order for your request to be processed. Forms submitted without a voided check will not be processed.

Please email or fax your bank change information to your processor. Fax number: 714-467-4359

I declare I am authorized to make the requested bank change and will be responsible for ensuring the information is correct and submitted in a timely manner.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Signer & Title*