ElectronicPayments®

Account **Maintenance Form**

AN INCOMPLETE FORM WILL CAUSE A DELAY IN PROCESSING TIME

Upon Completion Fax to **1-866-954-7587**
or Email to **amf@electronicpayments.com**

Merchant Information

Merchant ID Number (MID)	Date

Current DBA/Physical Name

ONLY complete the sections that directly pertain to the information you would like to change on your account.

DBA Name & Address Updates

Please include one of the following to support the change. Utility Bill, Business License, Lease Agreement, Fictitious Name Filing, or Sellers Permit.

☐ Update my physical address only. ☐ Update my mailing address only. ☐ Update both my physical and mailing addresses.

☐ Other:

New DBA/Physical Name	New DBA/Physical Phone Number

New Address

New City	New State	New Zip Code

Ownership Updates

Please include one of the following to support the change. Art. Of Incorporation, Tax documents, IRS SS-4 or CP575 letter, Tax returns.

Additional Owner/Signer Name*	New Legal Name (as it appears on your Federal Tax Return)

*Additional paperwork will be needed to add a signer. Please contact Merchant Support to obtain the necessary documents.

New Tax ID Number (TIN)	Effective Date	**MUST CHECK ONE:** ☐ This is a SSN ☐ This is an EIN

Business Type: ☐ Sole Propietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate ☐ LLC

Misc. Updates

No Supporting Documents Required.

New Email Address	New/Additional Contact Name	New Phone Number

Merchant Signature

Printed Name	Signature	Date

Processed By Electronic Payments (FOR INTERNAL USE ONLY)

Completed By	Signature	Date
Confirmed By	**Signature**	**Date**