

# Merchant Information Update

Merchant ID : \_\_\_\_\_ Business Name (DBA): \_\_\_\_\_

## Please fill out what needs to be updated

New DBA Name: \_\_\_\_\_  
(Business License or Outside Picture showing the business signage is required for DBA Name Change Request)

New Business Address :\_\_\_\_\_

New Mailing Address :\_\_\_\_\_  
( If different from Business Address)

New Business Phone Number :\_\_\_\_\_  New Fax Number:\_\_\_\_\_

New Tax ID Number:\_\_\_\_\_  New Email Address:\_\_\_\_\_  
(Determination Letter with EIN # is required for any TAX ID Change Request)

## Banking Information Update

### ATTACH VOIDED CHECK HERE

- Merchant's signature MUST be on the check
- For temporary checks, please send a Bank Letter stating the new account number
- Changes will take effect after one business day

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

ABA Routing #:\_\_\_\_\_ Account #:\_\_\_\_\_

✓Please contact your sales representative for Corporation Name Change, Type of Ownership Change or Ownership Change requests.

✓This form updates information for VS/MC/DISC transactions only

✓In order to update information for other value added services (AMEX, GETI, Equipment Lease, etc.), merchant must Contact those companies directly.

Owner/Officer Name:\_\_\_\_\_

Agent Name:\_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Request Date:\_\_\_\_\_

Effective Date:\_\_\_\_\_

## Customer Service Dept.

EMS Merchant Services 1001 Lower Landing Road, Suite 108 Blackwood, NJ 08012

**Tel: 800-985-6551 Fax: 800-985-6598**

**Email: support@contactems.com**