



Complete the following **Address Change Form** to update your bank account information. It is important that both of these forms be filled out in their entirety.

Once the forms are completed, please upload forms to our FILE DEPOT at the link below. When upload is complete please email customerservice@suran.com to notify us that the form has been uploaded.

<https://www.suran.com/file-depot/>

Please upload this form to our File Depot at the link below. Once upload is complete, please email customerservice@suran.com to notify us that the form has been uploaded.
<https://www.suran.com/file-depot/>

General Information

Today's Date: _____ Effective Date: _____
MID: _____ Business DBA/Legal Name: _____
Person Requesting Change*: _____ Title: _____
Contact Phone Number: _____ Contact Email Address: _____

**Must be Owner, Officer or Legal Contact on Merchant Account. Does not include Manager, Clerk, etc.*

Change Request

DBA Name Current DBA Name: _____
New DBA Name: _____

Business Mailing Address
Current Mailing Address (including city, state and zip): _____
New Mailing Address (including city, state and zip): _____

Location Address
Current Location Address (including city, state and zip): _____
New Location Address (including city, state and zip): _____

Phone Number
Current Phone Number: _____ New Phone Number: _____

Email Address
Current Email Address: _____ New Email Address: _____

Retail Descriptor (Business Name & Phone # that appear on customer billing statements)
Current Descriptor: _____
New Descriptor: _____

Signature & Acceptance

In accordance with details set out above, I authorize these changes to my merchant account.

Accepted By Signature

Name (Please Print)

Date

Title

For Paragon Use Only

Case #: _____ Representative: _____ Date: _____ Received By: _____

Account Information Change Request



Merchant Information Currently on File:

Merchant DBA Name

Merchant ID Number

Current Address on File

City

ST

Zip

Contact Person Name

Contact Person Email Address

Company Phone

Company Customer Service Phone

New Address Information for the DBA/Physical Address: (No PO Boxes)

Address

City

ST

Zip

New Address Information for the Legal/Mailing Address:

Address

City

ST

Zip

New Contact, Telephone, and/or Email:

Contact Person Name

Contact Person Email Address

Company Phone

Company Customer Service Phone

Authorization:

Please upload this form to our File Depot at the link below. Once upload is complete, please email customerservice@suran.com to notify us that the form has been uploaded.
<https://www.suran.com/file-depot/>

DON'T FORGET YOUR ID!



Please make the information changes outlined in this document to the processing account on file.

Signature of Account Holder

(Must be signer of original processing agreement)

Print Name of Account Holder

Date

Print Title of Account Holder

