

Complete the following **Bank Change Form** and **Bank Account Update Form** to update your bank account information. It is important that both of these forms be filled out in their entirety even if your organization does not accept both types of online giving or donations.

Please note that the same bank account MUST be used for the deposit and fee accounts and on both forms.

IMPORTANT: Ignore the \$40 fee on the First ACH form. There is NO FEE to update bank accounts.

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.

SURAN FILE DEPOT https://www.suran.com/file-depot/



Bank Change Request Form

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

| MERCHANT INFORMATION | | | | | | | | |
|---|------------|-----------------|------------|--|--|--|--|--|
| Merchant ID (MID): | | Contact Person: | | | | | | |
| Contact Phone: | | Contact Email: | | | | | | |
| MERCHANT BANK ACCOUNT INFORMATION (Checking accounts only. Please supply voided check or bank letter for each account.) | | | | | | | | |
| Transfer of funds will be made to/from the account set forth in the enclosed voided check or bank letter. | | | | | | | | |
| Bank Name: | City: | | State: | | | | | |
| Depository: | Routing #: | | Account #: | | | | | |
| Fees: | Routing #: | | Account #: | | | | | |
| CERTIFICATION AND AGREEMENT | | | | | | | | |
| MERCHANT desires to effect settlement of credits and debits from the CLEARING ACCOUNT by means of ACH and wire transfer in conjunction with the processing of credit card transactions as anticipated by AGREEMENT. In accordance with this desire, MERCHANT authorizes initiation of debit and credit entries to the CLEARING ACCOUNT and DEPOSITORY ACCOUNT. By signing this authorization, MERCHANT states that he has authority to agree to such transactions and that the DEPOSITORY ACCOUNT indicated is a valid and legitimate account for the handling of these transactions. | | | | | | | | |
| SIGNATURE AND ACCEPTANCE | | | | | | | | |
| Signature: X | | Printed Name: | | | | | | |
| Title: | | Date: | | | | | | |
| | | | | | | | | |

Please allow one business day for your request to be completed.

| OFFICE INFORMATION (to be completed by Customer Care Only) | | | | | | | |
|--|------------------|-------|--------------|--|--|--|--|
| Case #: | CC Rep Initials: | Date: | Received by: | | | | |

Bank Account Update Form

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/

| Mercha | nt Information | | | | | |
|----------|--|--|---|-------------------|---------------|------------------------------|
| | | | | | | |
| | Business Name | | Merchant ID Number | | | |
| | | | | | | |
| | Current Address on File | _ | City | | ST | Zip |
| New Ril | ling Account Informati | ion | | | | |
| INGW DII | ing Account informati | loli . | | | | |
| | Bank Name | | Bank Contact Phone Nun | mher | | |
| | Dank Name | | Bank Contact I none Nan | | | |
| | New Routing Number | New Account Number | | Account Type | | ess Checking nal Checking |
| | | | | | | |
| | 13 | Bank Routing Code E | 14567890 123 II* Dank Account Number | | | |
| | | How to find your Routing and Acco | ount Numbers on a check | | | |
| New Se | ttlement Account Infor | mation | | | | |
| New Se | | unt and Billing Account are the same | <u> </u> | | | |
| | | init and Billing / loodant are the barns | • | | | |
| | Bank Name | | Bank Contact Phone Nun | nber | | |
| | | | | Account Type | · Ruein | ess Checking |
| | New Routing Number | New Account Number | | Account Type | | nal Checking |
| Require | ed Documents | | | | | |
| rtequire | | | | | | |
| | 1 Photo ID of Account Ov | vner: Please include a Driver's li | icense, passport, or State-is | sued photo ID of | the account | holder. |
| | 2 Voided Check: | Please include a pre-printe | ed voided check associated | with the new acc | ount(s). A ma | atching business |
| | | name and correct address | must be listed on the check | a. Cannot be a st | arter check. | |
| | If a pre-printed voided ch | eck is not available, then: | | | | |
| | Bank Letter: | Letter from your bank on b | eank letterhead, which includ | les matching bus | iness name a | and address, |
| | | | account number, and is sign | | | · |
| | NOTE: If the business name on | the voided check and/or bank let | ter is different than the leg | gal or DBA busir | ness name o | n record, this |
| | request will not be processed u | nless accompanied by a DBA cha | nge request form. | | | |
| Authori | zed Signature | | | | | |
| | Update Applies To: | ACH Services C | redit Card Services | Both | | |
| | Opuate Applies 10. | C | redit Card Services | Botti | | |
| | l/we, as an owner or officer | of the Company, hereby reque | est First ACH to update | my bank acco | ount inform | ation with |
| | | we agree to pay a bank accou | | • | | |
| | | | | | | |
| | | | | | | |
| | Signature of Account Owner | Print Name | of Account Owner | | Date | |
| | (Must be signer of original processing | agreement) | | | | |
| FIRS | TACH / | | | | | |