

Merchant Services  
371 Centennial Parkway Louisville, CO 80027.

**Merchant Change Form**  
(ACH & Rate Change)

Merchant ID #:  
TID:

Short Name ADVMERCHSOL / TF-PRIADVMS

<input checked="" type="checkbox"/> ACH CHANGE*\$25.00 Fee	
Legal Bus. Name of Applicant _____	DBA Name _____
Mailing Address _____	Physical Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____ <small>(No PO Boxes)</small>
Phone (____) _____ Fax (____) _____	Phone (____) _____ Fax (____) _____
E-Mail Address: _____	Contact Name _____ Business Hours _____
Fed. Tax ID # (EIN) _____	Length Owned _____ Years _____ Months _____ Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No Months Open _____
Type of entity: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Gen Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____	

**AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank is authorized to initiate or transmit automatic credit and/or debit entries to the account identified in the **attached voided check** relating to the following account:

Old information here:		
BANK NAME _____	ROUTING # _____	ACCT # _____
New information here:		
BANK NAME _____	ROUTING # _____	ACCT # _____
Please check one:		
<input type="checkbox"/> Checking account	<input type="checkbox"/> Savings account	<input type="checkbox"/> GL account

(ATTACH A VOIDED CHECK)

**PRICING**

**NO PRICING CHANGES OR INCREASES ACH CHANGE ONLY**

V/MC/DISC Discount rate % \_\_\_\_\_ \$ \_\_\_\_\_ items \_\_\_\_\_  Do not want to apply for Discover JCB Rate % \_\_\_\_\_  
 Business monthly coverage ticket of \_\_\_\_\_ and no other state taxes/visa/Discover volume \$ \_\_\_\_\_ Monthly Discount % \_\_\_\_\_  
 Network Auth \$ \_\_\_\_\_ Voice Auth \$ \_\_\_\_\_ Monthly service fee \$ \_\_\_\_\_ Start date \_\_\_\_\_  
 Surcharges/Interchange: \_\_\_\_\_  
 Amex Discount Rate % \_\_\_\_\_ for monthly \_\_\_\_\_ \$ \_\_\_\_\_ for monthly \_\_\_\_\_  3 day  15 day  30 day  
 Estimated Annual Amex Volume \$ \_\_\_\_\_ Estimated Amex Average Ticket \$ \_\_\_\_\_ Monthly Minimum discount \$ \_\_\_\_\_  
 Chargeback fee \_\_\_\_\_  
 Equipment \_\_\_\_\_  
 Debit/EBT Application fee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Equipment Purchase \$ \_\_\_\_\_

The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant. Signature of Authorized Merchant Principal (as specified on the Merchant Agreement). Change request will not be completed unless the merchant completes all pertinent information above and signature verified

**SIGNATURES**

Merchant Signature _____	Date _____
Print Name _____	
Guarantor _____	Date _____

**TransFirst Use Only:** Completed By/Date: \_\_\_\_\_ / \_\_\_\_\_

**ATTACH VOIDED CHECK OR BANK LETTER AND  
FAX TO 1-800-360-7951**