



**TSYS Merchant Solutions, LLC,**

as successor in interest to TSYS Business Solutions, LLC f/k/a TransFirst, LLC  
12202 Airport Way, Suite 100 Broomfield CO 80021  
Ph: 1-877-209-1360, Option #1  
Fax: 303-482-8194

**Merchant Information**

Merchant ID #: \_\_\_\_\_ DBA or Legal Name: \_\_\_\_\_

Taxpayer Identification Number: (Must be 9 digits) \_\_\_\_\_

Type of Taxpayer Identification:  EIN  ITIN  Social Security Number

Exempt Payee:  Yes  No 501(c)(3) Tax-exempt:  Yes  No

Type of Ownership: (Note: Any change to Tax ID or Type of Ownership requires a new merchant application)

- Sole Proprietorship, Date of Birth \_\_\_\_\_  LLC  Partnership  Ltd Liability Partnership
- Government Entity  Trust  Professional Association  Political Organization  Public Corporation
- Private Corporation  Non Profit Corporation  Financial Institution  Other: \_\_\_\_\_

A \$15.00 fee is assessed for each ACH Change Form processed unless otherwise agreed.

**ACH Information Add/Change**

**AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account(s) identified below. Said authority is granted to Merchant Bank's Processor and their agents. This authority is to remain in effect until Merchant Bank or its agents receive written notice from Merchant revoking it. You understand that you will be considered the Receiver of all ACH entries submitted hereunder, and agree to comply with all rules and operating guidelines of the NACHA Rules and other relevant clearing house associations which are applicable to Receivers, as the same may be applicable to transactions processed hereunder.

Please complete the following for each Bank Account Update/Add as needed.

Update:  Add: (select all that apply)

All Accounts  Monthly Fees (default)  Daily Settlement  Chargebacks  Monthly Billing

Type of Account:  Checking  Savings  General Ledger

BANK NAME: \_\_\_\_\_

ROUTING#: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

Update:  Add: (select all that apply)

Monthly Fees (default)  Daily Settlement  Chargebacks  Monthly Billing

Type of Account:  Checking  Savings  General Ledger

BANK NAME: \_\_\_\_\_

ROUTING #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

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.

**Authorized Signer**

Merchant/Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If a change is being made to the authorized signer, please provide the signature and printed name of the current authorized person in this section.*

Printed Name: \_\_\_\_\_

**IMPORTANT:** If you are currently accepting American Express through a direct relationship with this card brand, please contact them at 1-800-528-5200 to update your banking information. We are unable to effect this change on your behalf. Merchants that are processing American Express through TSYS Merchant Solutions, LLC, as successor in interest to TSYS Business Solutions, LLC, f/k/a TransFirst, no further action is required. If utilizing First Data Leasing please contact them at 1-877-257-2094 to update your banking information. We are unable to effect this change on your behalf.