

TSYS Merchant Solutions, LLC DBA Global Payments

as successor in interest to TSYS Business Solutions, LLC f/k/a TransFirst, LLC

Ph: 1-877-209-1360, Option #1

Fax: 303-482-8194

Email: merchantchanges@tsys.com

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 DBA Global Payments 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.