



BANK ACCOUNT CHANGE REQUEST

Effective this date _____, 201__, I would like to change the depository financial institution account currently on file with respect to debiting and crediting of funds and fees to _____ (“Subscriber”) having the MID # of _____.

I agree that all other terms and conditions of my Service Agreement shall remain the same. Please note the copy of the voided check which is attached, or in the absence of a voided check, a letter on bank letterhead signed by a branch officer advising SPS of the new bank information, opening date, and current balance.

New Designated Depository Account (please include copy of voided check or bank letter)

Bank Name _____	City _____	State _____
Bank Routing # _ _ _ _ _	Bank Acct # _ _ _ _ _	

AGREEMENT

By signature below, Subscriber hereby authorizes its financial institution to accept and process credits and debits initiated by SPS or its Originating Depository Financial Institution on the above designated depository account. Subscriber understands that this authorization shall remain in effect unless revoked in writing upon the mutual consent of the parties, but that Subscriber may not revoke such authorization during any period that electronic transactions are being cleared by SPS, nor for a period of 60 days following electronic transmission of a final electronic transmission. Subscriber understands that Subscriber must notify SPS of any change in (a) ownership or (b) designated depository account and that absent sufficient, advance written notice amounts credited or debited to Subscriber subsequent to any such change may be subsequently held by SPS until a determination is made regarding true and correct ownership of the transaction Entries in question.

Accepted By: _____

Printed Name	_____	Date	_____	Title	_____
Signature	_____				
Business (Subscriber) Name	_____				
Secure Payment Systems Mgmt Signature	_____	Date	_____	Title	_____