



BANK ACCOUNT CHANGE REQUEST

Effective this date _____, 202__, 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/cheque which is attached, or in the absence of a voided check/cheque, 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/cheque or bank letter on bank letterhead stipulating to authorized signers, opening date, and current balance).

| | | |
|-----------------------------|---------------------|------------------|
| Bank Name _____ | City _____ | State/Prov _____ |
| U.S. Bank Routing # _____ | Account # _____ | |
| Canada Bank Transit # _____ | Institution # _____ | Account # _____ |

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

SPS Use: _____
 Secure Payment Systems Mgmt Signature _____ Date _____ Title _____

Please send to SPS via secure transmission by either of the two options shown below:

- (a) Sending via fax transmission to 858.549.1323 **Attn: Customer Service** or
- (b) Sending via secure email to SPS Customer Service using https://spaysys.com/email_file.html following the instructions for sending this form to SPS as an attachment to a secure email.

Note: Notwithstanding SPS network security precautions, SPS cannot control the open Internet from your location to ours, and as such liability for a data breach occurring as a result of any unsecure transmission (such as unsecure email) shall be solely the sender's responsibility.