



# DDA CHANGE REQUEST FORM

Phone: 888.690.7555 | Fax: 818.700.3106 | Email: [accountservicing@paceps.com](mailto:accountservicing@paceps.com)

Business Name \_\_\_\_\_ Merchant Number \_\_\_\_\_

Owner Name \_\_\_\_\_ Email Address \_\_\_\_\_

I/we request a change in the depository checking account on file; below is our new checking account information:

## NEW BUSINESS CHECKING ACCOUNT INFORMATION

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

NEW BANK PHONE NUMBER : \_\_\_\_\_

NEW ROUTING & TRANSIT NUMBER : \_\_\_\_\_

NEW ACCOUNT NUMBER : \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: PLEASE PROVIDE THE FOLLOWING:

- COPY OF VOIDED CHECK OR BANK DDA CONFIRMATION LETTER
- THIS COMPLETED FORM
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ALL CHANGES WILL BE COMPLETED BY THE END OF MONTH TO ENSURE PROPER STATEMENT REPORTING.

**Pace Payment Systems appreciates your continued business!**

[www.pacepayment.com](http://www.pacepayment.com)

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