

## Request to Change Depository Bank Instruction Page



1. **Company Name:** Please list company name.
2. **PSN Account Number(s) Affected:** Please list the RT and/or CP that you wish to be changed. If this bank change request is for multiple accounts, please list each RT that you would like new bank info below applied to.
3. **Current Depository Info:** Please list the full routing number and last 4 digits of the current account funds are being deposited into.
4. **New Deposit Account Info:** Please list the full routing and bank account number of the new bank account PSN is to deposit funds into.
5. **Have each person authorized to sign checks, fill out the info and sign:** Please have each person authorized to sign checks, fill out information and sign form.

**Attachment: Permission to Verify Bank Account Information.** Please complete the Permission to Verify Bank Account Information form with new bank information and sign.

**Fax to 1-608-442-5116 (attach a voided check or letter from your bank)**

**IMPORTANT:** Any change is subject to underwriting. Changes can take up to 30 days.

## Request to Change Depository Bank



Fill out electronically; then print and have signed. Return via fax with voided check or letter from bank.

**1. Company Name:**

**2. PSN Account Number(s) Affected (starts with CP or RT):**

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### 3. CURRENT DEPOSITORY INFO

Bank Name:

Routing Number:

Last 4 Digits of Account Number:

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### 4. NEW DEPOSIT ACCOUNT INFO

Bank Name:

Routing Number:

Account Number:

Date to Be Changed (month/day/year):

### 5. Have each person authorized to sign checks, fill out the info and sign.

Authorized Check Signer Name:

Name:

Title:

Phone:

Email:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Check Signer Name:

Name:

Title:

Phone:

Email:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Check Signer Name:

Name:

Title:

Phone:

Email:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax to 1-608-442-5116 (attach a voided check or letter from your bank & signed**

**Permission to Verify Bank Account Information form)**

**IMPORTANT:** Any change is subject to underwriting. Changes can take up to 30 days.

2901 International Lane, Madison Wisconsin 53704 ■ 866.917.7368



## PERMISSION TO VERIFY BANK ACCOUNT INFORMATION

As part of our implementation process and underwriting, we need to confirm your company's bank account information. Our request to the bank includes verifying the account numbers, when the account was established, average balances, average number of NSF's and a rating of the account. Please complete the form below which gives the bank permission to release information to PSN. If you have any questions, please let us know.

Bank Name:

Bank Address:

Bank Telephone Number:

Bank Fax Number:

Name on Bank Account:

Bank Routing Number:

Bank Account Number(s):

I hereby authorize Payment Service Network (PSN) to obtain account information from the bank indicated above.

Authorized Signature: \_\_\_\_\_

Print Name:

Title:

Company Name:

Date: Click or tap to enter a date.

**Fax back form to 608-442-5116**