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, the last 4 digits of the current account funds are being deposited into, and if it is a checking or savings account.
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 as well as date to be changed.
5. **Reason for Bank Change:** Please indicate if this change is due to fraud, closing of current bank account, bank sold, etc.
6. **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.

****Please ensure the PSN Bank Change request form is completed in its entirety and all documents (i.e. PSN Bank Change Request, VOD Permission, and Voided Check or Bank Letter) are included as a deposit delay will be placed on account until missing information is received.**

(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):

3. CURRENT DEPOSITORY INFO

Bank Name:

Routing Number: Last 4 Digits of Account Number:

4. NEW DEPOSIT ACCOUNT INFO

Bank Name:

Routing Number: Account Number:

Checking or Savings Account: ○ Checking ○ Savings

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

5. Reason for Bank Change:

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

Authorized Check Signer Name:

Name: Title:

Phone: Email:

Signature: _____ *wet signature Date:

Authorized Check Signer Name:

Name: Title:

Phone: Email:

Signature: _____ *wet signature Date:

Authorized Check Signer Name:

Name: Title:

Phone: Email:

Signature: _____ *wet signature Date:

PSN
By InvoiceCloud

For Bank Use Only — Confidential

Please complete and return promptly

Bank Account Verification Request

As noted on the accompanying form, you have been given permission to provide information to InvoiceCloud, Inc. — a third-party payment processor providing electronic payment, billing, and communication services. As part of our underwriting and compliance with Federal regulations, please complete the fields below. A quick response helps us activate your services faster.

ACCOUNT VERIFICATION

BID: _____

Biller Name: _____

Last 4 of Account #: _____

Is the routing number on the attached form correct? ☐ Yes ☐ No

If no, correct routing number: _____

Is the bank account number on the attached form correct? ☐ Yes ☐ No

If no, correct account number: _____

Is the account name on the attached form correct? ☐ Yes ☐ No

If no, correct name: _____

ACCOUNT DETAILS

Date Account Opened _____ Number of NSFs (last 12 months) _____

Average Daily Balance _____ Average Monthly Balance _____

e.g. $10,000.00 *e.g. $10,000.00*

Account Rating:

☐ New — no rating ☐ Poor ☐ Good ☐ Excellent

Additional Comments _____

AUTHORIZED BANK REPRESENTATIVE

I hereby state the above to be accurate and true.

Print Name _____ Title _____ Date _____

Bank Name _____ Email Address _____ Phone _____

Authorized Signature *wet signature

Apply Bank Stamp