

Customer Information Form

- Please Check: New Customer
 Revised (Please select type of revision(s) below)
 Processing Window
 Account Number (Signature Required)
 Close / Inactivate

Processor Name _____ PIN _____

Company Name _____ Tax ID # _____

Customer Address _____

Customer City, State, Zip _____

Contact Person _____

Routing Number _____ Account Number _____

Years in Business _____

Fee Option _____

Processing Window

_____ 3 Day Processing Window (24 hour)

_____ 4 Day Processing Window (48 hour)

For Revised Account Information ONLY:

Old/Current – Routing Number _____ Account Number _____

New – Routing Number _____ Account Number _____

Date: _____

Processor Signature: _____

Name Printed: _____

