445 Route 304
Bardonia, New York 10954
Tel 845-624-8458 • Fax 845-624-8900

FOR OFFICE USE ONLY

❒ ACH
❒ LCF REP ID _____

Company Bank Account Change Form

Company ID: _____ Company Name: _____

New Bank Name: _____

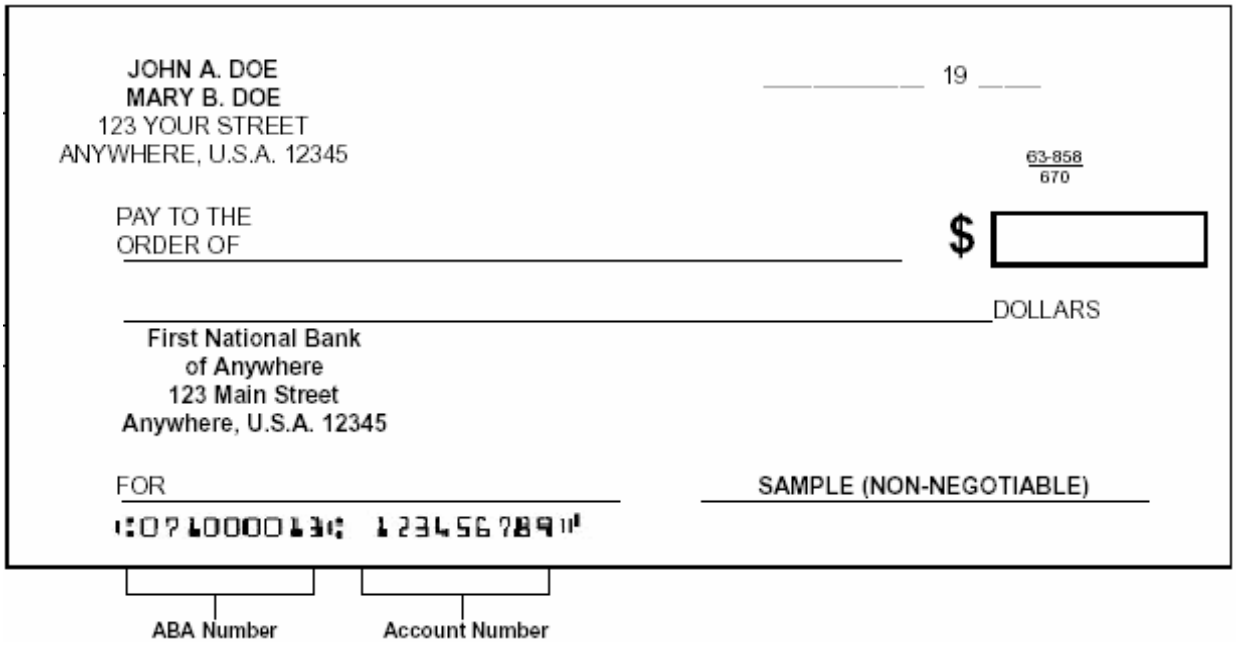
New Account Name (if applicable): _____

New Account Number: _____

New ABA (Routing) Number: _____

New Starting Check Number: _____

Attach VOIDED check here



Comments: _____
_____

Effective Date of Change: _____/_____/_____

I certify that the changes listed above are accurate and authorize PayServ Corporation to make the changes for the effective date listed above. I further certify that there have been no changes in legal entity (e.g. partnership to corporation) or employer identification number that would require a new company ID to be established. I also understand there will be a $15.00 processing fee for this change.

THIS FORM IS NOT TO BE USED FOR DIRECT DEPOSIT. THIS IS ONLY FOR COMPANY BANK ACCOUNTS.

_____ _____ ____/____/_____
Client Authorized Signature Print Name Date