## **Merchant Name Change Request**

Please complete and email to _	at	
customersupport@eftsupport.	com or fax to 855-676-2825	
Merchant Name on file:		
Merchant Address:		
Merchant Phone #:		
To: Customer Service Department		
l,	, request that Check Processor cha	nge my company name to
the following:		
Old Business Name:		
New Business Name:		
Tax ID#:	<u> </u>	
Tax Reporting Name:		
Sincerely,		
Signature	Person on Contract (please print)	Date (mm/dd/yyyy)

**NOTE:** Paperwork cannot be processed without the original contract signer's signature.