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.**

Please send via secure email or secure Sharepoint folder

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:
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: _____ Date: _____

Authorized Check Signer Name:
Name: Title:
Phone: Email:

Signature: _____ Date: _____

Authorized Check Signer Name:
Name: Title:
Phone: Email:

Signature: _____ Date: _____

Please send via secure email or secure Sharepoint folder

(attach a voided check or letter from your bank & signed Permission to Verify Bank Account Information form)

PO Box 871, Sun Prairie, WI 53590 ▪ 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 NSFs 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.

Please send via secure email or secure Sharepoint folder