

Partner Name:*
Portfolio ID:*(Partner ID)
Contact Name:*
<div style="display: flex; justify-content: space-between;"> First Name Last Name </div>
Title:
Contact Phone:*
Email:*
Date:*
CURRENT FINANCIAL INSTITUTION ACCOUNT INFORMATION
Current Financial Institution:*
Branch:*
Address:
<div style="display: flex; justify-content: space-between;"> City State Zip Code </div>
Current Transit / ABA #:
Account #:
NEW FINANCIAL INSTITUTION ACCOUNT INFORMATION
New Financial Institution:*
Branch:*
Address:
<div style="display: flex; justify-content: space-between;"> City State Zip Code </div>
New Transit / ABA #:
New Account #:*
AUTHORIZATION
<p>As a duly authorized signer for the above company, I authorize CSG Forte Payments to change our bank account information as of the below date (If Applicable):</p> <p>Signature:*</p> <p>Do you have a voided check that you can upload with your bank change form?</p> <p style="text-align: center;">Yes No</p> <p>Please provide a permanent imprinted voided check to submit with the bank account change. (This cannot be a temporary check or a deposit slip.)</p> <p>In lieu of a voided check you can provide a bank letter confirming the bank account or account verification form validated by a bank representative with a teller stamp. The verification form can be downloaded at this link. Upon completion, please fax to 469.675.8740 or email to accountchanges@forte.net.</p>