



## BANK CHANGE REQUEST FORM

Company Name: \_\_\_\_\_

Client Code: \_\_\_\_\_

Change Effective (Check Date): \_\_\_\_\_

**Change Account for Following Services** (Please mark all that apply.):

- Payroll Checks
- Direct Deposit Funding Account
- EFTPS Tax Account
- Payroll Tax Filing Funding Account
- Billing Auto Debit Per Payroll

Please attach a copy of a voided check or spec sheet from the bank for the new account.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### For Internal Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Correct Account ID: \_\_\_\_\_ Login Script Updated: \_\_\_\_\_