



Bank Details Change Request

Please complete the form in capital letters

Merchant Number:

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Ticket Number:

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Merchant Name:

New Account Number:

Sort Code:

New Account Name:

If New Account Number different from Trading Name, state relationship:

Contact Name:

Contact Telephone Number:

I hereby confirm that I am authorised to sign on behalf of the company in relation to this request.

Authorised Signature

Printed Name

Position in Company (this must be one of the following: Director, Partner, Owner)

Business Type: Limited Company Partnership Sole Trader Other (please specify)

PLEASE NOTE:

We **CANNOT** change bank details **WITHOUT** the following:

1. Attached **Direct Debit Mandate completed**
2. A Voided Cheque
3. Photo ID – Copy of Passport/Driving Licence

Return Address:

**Elavon Merchant Services
PO Box 466
Brighton BN50 9AW
United Kingdom**

Fax:

0044 (0) 1273734017

E-mail:

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Elavon Financial Services Limited

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United Kingdom branch registered in England and Wales under the number BR009373

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