



KINDLY RETURN FORM VIA FAX TO 0800 766 666

Change Request Form - For your Account

Date of Request :

Name of Merchant contact :

Your American Express Merchant number :

(Please select from the boxes below and update the information as required.)

Trading Name: (Only fill in if this differs from Company Name)

Phone Number: () Fax Number: ()

Email Address:

To be used by American Express for surveying and communication purposes only

To help us complete your request, please make sure:

1. The Change Request Form is complete and signed
2. Required supporting documents outlined under each section are attached to the request (mandatory for Authorized and Non Authorized signatories)
3. If a Non Authorized signer is completing this request, an additional existing support document needs to be provided for changes under Sections B, C and D
Note: All Bank supporting documents must include your CURRENT printed bank account number, payee name, bank name and bank logo.

SECTION A : Bank Account Update

****Please provide the following documents to process your request:

I. Signed Change Request Form

AND

II. Top part of your bank statement **OR** Voided cheque **OR** Bank confirmation letter

Note: All above supporting documents must include your NEW printed bank account number, payee name, bank name and bank logo

****Please update the following information to process your request:

Payee Name (Payee Name is the name registered with your bank)

New BSB Number (Bank Sort Number)

New Bank Account Number

Account Type (please select one) Direct Credit (Deposit Of Payment) Direct Debit (Deduction of Merchant Fees)

SECTION B : Bank Account Update and Company/Payee Name Change

Mandatory for Payee Name Change requests

****Please provide the following documents to process your request:

I. Signed Change Request Form

AND

II. Top part of your bank statement **OR** Voided cheque **OR** Bank confirmation letter **OR** Current Business Registration Certificate
OR Bank Deposit Slip

AND

III. **New** Business Registration certificate including NEW company name

Note: All above supporting documents must include your CURRENT printed bank account number, payee name, bank name and bank logo

****Please update the following information to process your request:

New Payee Name

(Payee Name is the name registered with your bank.
Maximum of 38 characters, including spaces)

New Business Registration Number

New Company Name (as printed on Business Registration Form)

New BSB Number (Bank Sort Number)

New Bank Account Number

Changes to Sections C and D require the following:



I. Authorized signatories have the option (No additional documentation required) :-

A) To complete the required sections below and sign the declaration **OR**

B) Send a written signed request on company letterhead

II. Please note Non Authorized signatories must complete the Change Request Form and provide one of the following documents:

Current Business Registration certificate **OR** Voided cheque **OR** Top part of your bank statement **OR** Bank confirmation letter

Note: All above supporting documents must include your CURRENT printed bank account number, payee name, bank name and bank logo

SECTION C : Add/Delete Authorized Signatories (Please select whether you would like to ADD or DELETE)

<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	Business Title	Full Name	Date Of Birth
<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	Business Title	Full Name	Date Of Birth
<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	Business Title	Full Name	Date Of Birth
<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	Business Title	Full Name	Date Of Birth
<input type="checkbox"/>	Add <input type="checkbox"/>	Delete	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Date Of Birth only required to ADD authorized signatories

SECTION D : Address Change (Please select the applicable boxes to indicate the type of address change required and complete your new address details)

Settlement Address (Merchant Payment/Statements Address)

Full Address
 Post Code

Trading Address (Merchant Trading/Shop Address)

Full Address
 Post Code

Corresponding Address (Letter Address - if different from Settlement Address)

Full Address
 Post Code

SECTION E : Update Electronic Terminal (Please fill in the following information provided by your bank)

New Terminal ID	New Bank Merchant ID	New Bank Provider Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

The signers indemnify and warrant American Express that they are duly authorized by the merchant company to deal with American Express all relevant matters relating to the acceptance of American Express Card. The signers agree to be bound by American Express Terms and Conditions for Card Acceptance. Details of the Terms and Conditions have been provided to the merchant with account set up materials or will be provided to the merchant when it signs up a new merchant acceptance contract with American Express due to change of ownership.

The signers agree to accept the American Express Card unconditionally and not to charge Card members any fees for using the card.

* I agree that there have been no changes to the ownership of the business

(Please Sign Here)

Requestor's Name

Business Title

PLEASE CHECK THAT ALL REQUIRED SUPPORTING DOCUMENTS ARE ATTACHED