

Electronic Funds Transfer

CHANGE • STOP • CREDIT FORM

Fax to:
Vanco Services, LLC
952-983-8665

REQUIRED INFORMATION:

Client Name _____ ES # _____
 Contact Name _____ Phone # _____
 Authorized Signature _____
 Participant Name _____ Participant ID _____
 Effective Date of Change _____

***** COMPLETE ONLY INFORMATION TO BE UPDATED *****

PARTICIPANT INFORMATION

	Change From	Change To
Participant ID #		
Participant Name		
Participant Address		
City, State Zip		

TRANSACTION INFORMATION

	Change From	Change To	Is Change Permanent?
Transaction Date			<input type="checkbox"/> Yes <input type="checkbox"/> No
End Date			<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency			<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount			<input type="checkbox"/> Yes <input type="checkbox"/> No

HOLD STATUS: Remove account from hold status? Yes No

STOP PAYMENT: Permanently? Yes No If Temporary, enter date to resume payment _____

CREDIT REQUEST: Amount \$ _____ Date _____

Must be received by Noon CST to be processed for the next business day. A fee of \$5.00 will be charged per credit processed.

BANKING INFORMATION

Account Type: Checking Savings

Change Routing # to _____

Change Account # to _____

↓ ↓ 23456789 ↓ 23 ↓ 234567 000 ↓
 Routing Number Account Number Check Number

Attach a voided check or savings deposit slip on separate sheet.

CREDIT CARD INFORMATION

Card Type: Visa MasterCard
 Amex Discover

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

SPECIAL INSTRUCTIONS: