



ADDRESS/PHONE/FAX CHANGE REQUEST FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.
PLEASE FAX THIS REQUEST FORM TO NEW ACCOUNTS AT (209) 320-2108.
**THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE
HAS BEEN VERIFIED BY IPAYMENT.**
Thank you for your cooperation.

Merchant Name: _____

Merchant Number: _____

Old Address:

Street Unit/Suite/Apt.

City State Zip Code

New Physical Address: (If P.O. Box, below must also be completed)

Street Unit/Suite/Apt.

City State Zip Code

New Mailing Address: (If P.O. Box, above physical address must also be completed.)

Street Unit/Suite/Apt.

City State Zip Code

New Merchant Phone Number(s): Business: (____) _____ - _____ Fax: (____) _____ - _____

Customer Service number, if different than business phone number.: (____) _____ - _____

Signature of Authorized Principal

Date

(as specified on the Merchant Application/Agreement)

If you should have any questions, please contact our Merchant Services department at (800)396-5660 or email us at info@nationalpaymentprocessing.com