



NPC®

UPDATE TO MERCHANT ACCOUNT INFORMATION

Please complete this form to assist us in keeping your account information up to date, please send this form to the Merchant Maintenance Department at the fax number or address listed below for review. We appreciate your continued business!

MID: _____

Merchant's Legal Name: _____

Merchant's D/B/A Name: _____

Merchant's Federal Tax ID#: _____

- THE ABOVE INFORMATION MUST BE COMPLETED WHEN REQUESTING UPDATES.
- THE LEGAL NAME SHOULD MATCH THE RECORDS AT THE IRS.
- THIS FORM CANNOT BE USED FOR TAX ID# CHANGES OR ACH CHANGES.

If no Federal Tax ID#, please provide the following Owner Information

Name: _____

Owner's SSN: _____ Owner's Date of Birth: _____

Business Type (select one): Sole Prop Corp LLC Partnership Tax Exempt

Change of location address:

New Address 1: _____

New Address 2: _____

New City, State, ZIP: _____

New Telephone: _____ New Fax: _____

Change of Mailing Address:

New Street Address: _____

New City, State, ZIP: _____

By signing below, Merchant authorizes National Processing Company ("NPC") to update the above identified account with the information contained in this form. Merchant understands that NPC will rely on the information contained in this form, and Merchant represents and warrants that the information contained herein is true and accurate to the best of its knowledge. Further, the undersigned individual unconditionally authorizes NPC and Member Bank or its agents to use the information contained herein in accordance with the terms of the Merchant's application for processing services and the merchant processing agreement (collectively, the "Merchant Agreement"). Submission of this form is in no way evidence that NPC and/or Member Bank have accepted such changes. At their option, NPC and/or Member Bank may elect to refuse to accept the submitted changes and terminate the Merchant Agreement. Merchant understands that in the event changes such as those set out above are made and NPC or Member Bank is not notified of such change using this process, the Merchant Agreement may be terminated by NPC or Member Bank upon notice. Merchant understand that Merchant may be assessed an Account Administration Fee in accordance with the terms of the Merchant Agreement for implementing the requested change.

THIS FORM MUST BE SIGNED BY THE INDIVIDUAL WHO SIGNED THE ORIGINAL APPLICATION OR ANOTHER INDIVIDUAL AUTHORIZED BY THE ORIGINAL SIGNOR.

Signature of Authorized Signer on Account

Signer's Title

Print Authorized Signer's Name

Date

5100 Interchange Way, Louisville KY 40229
Phone 800-247-2368