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			☐ Yes ☐ No
End Date			☐ Yes ☐ No
Frequency			☐ Yes ☐ No
Amount			☐ Yes ☐ 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 _____

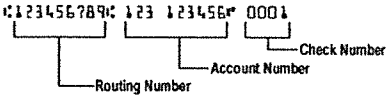
Must be received by Noon CST to be processed for the next business day. A fee of $5.00 will be charged per credit processed.

BANKING INFORMATION

Account Type: ☐ Checking ☐ Savings

Change Routing # to _____

Change Account # to _____



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:

Version 03/28/2006