



**Merchant
Automated Clearing House Action Form
(Direct Deposit Form)**

Please fill out and return this ACH and W9 form to EFS via fax 952-917-6237 or email truckstops@efsllc.com. Any questions regarding the ACH form and electronic payments may also be directed to EFS Merchant Services at 877-767-2435, Option 5

Please include VOIDED check.

Request Type: ↑NEW _____ ↑CHANGE _____ (if changing bank information, must complete page 2) DELETE _____

Merchant Information:

Merchant Location # EFS/TCH _____ T-CHEK _____ EFSTS _____

Merchant Name _____

Merchant Legal Name _____

Remit Address _____

Merchant ACH Contact _____

Telephone Number _____ Fax Number _____

Email Address _____

Preferred Method for Receiving Remittance Advices: Fax _____ Email (email preferred) _____

Bank Information:

Bank Name _____

Bank ABA # (Routing) _____
(Must be 9 digits)

Bank Account # _____ Account Name _____
(Account in which vendor will receive funds) (If different from company name)

Branch # _____ Bank# _____
(Required for Canadian only) (Required for Canadian only)

Savings Account? ↑Yes ↑No / Account Currency ↑USD ____ ↑CAD ____

Bank Address _____

Bank City, State, and Zip Code _____

Bank Phone Number _____

Bank ACH Contact _____

Merchant Signature _____ Date: _____

(EFS Use Only)

FORM MUST BE SIGNED BY REQUESTOR AND APPROVED BY DEPT. MANAGER AND CONTROLLER
EFS DEPT MGR APPROVAL/DATE _____
EFS CONTROLLER APPROVAL/ DATE _____

PLEASE NOTE: In the event of ACH failure after testing and setup by EFS, payments to Merchant will default to USCK (check). It is the responsibility of the Merchant to designate an individual to monitor each ACH payment to determine successful completion and to promptly report any changes to the account, errors, and concerns to the EFS Merchant Services Department Manager or Assistant Manager. Failure to notify the EFS Merchant Department of changes regarding the account or routing number will result in a \$25 fee to the Merchant. Payments to the Merchant will continue to be made via ACH until such time as a change/delete request is received by EFS.

For Internal Use Only: EFT *1/ AP133 *A/ TCH US= TAB232/ TCH CAN= TCHRCCN/ CAN'S NOT TCH= RBC102/ AP620/
AP381 *A/ CHK ROUTING/ACCOUNT # / 820 CANADIAN/ MIS REQUEST FOR CANADIAN



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Please include Canceled/Voided check – Required to process request.

Request Type: ↑CHANGE _____ (Only need to complete if changing bank information)
***A \$75.00 processing fee will be charged to process a ACH change request.

Merchant Location # EFS/TCH _____ T-CHEK _____ EFSTS _____

Bank Information:	
PREVIOUS:	NEW:
Financial Institution	Financial Institution
Account Number	Account Number
ABA Routing Number	ABA Routing Number

Merchant Signature _____ Date: _____

Certificate of Acknowledgement – NOTARY

State of _____ County of _____

On _____, before me, _____,
(Date) (Notary)

Driver's License number of Signers _____,
(Notary to confirm Signers DL#)

Personally appeared, _____,
(Signers)

Personally known to me

-- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

(Notary signature)

My Commission Expires: _____

(Seal)