

Change Request Form - Update your Merchant Account Details



American Express Australia Limited
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Sydney NSW 1131
Telephone: 1300 363 614

Kindly return form via fax to (02) 9271 2199 or by email to Amex.KLCFN.Maintenance@aexp.com.

Note: It is recommended that you encrypt all requests sent via this email address. American Express does not accept liability for requests received by unintended recipients.

Date Of Request:
Name Of Merchant Contact:
Your American Express Merchant Number:

Note: Your Merchant Number is 10 digits and starts with 979/803. If your request covers more than one Merchant Number, please attach a list and write "as per attached list" in the Merchant Number box.
(Please select from the boxes below, only where updates are required)

Trading Name
Phone Number ()
Fax Number ()
Email Address

To help us complete your request, please make sure:

- 1. The completed Change Request form is printed and signed. Digital Signature is not accepted.
2. Required supporting documents outlined under each section are attached to the request (mandatory for Authorized and Non Authorized Signatories).
3. If a non authorized signatory is completing this request, as an addition, provide two supporting documents under sections B (II).

Note: All Bank supporting documents must include your printed bank account number, payee name, bank name and bank logo.

SECTION A: Bank Account Update
(Should there be an update in Company/Payee Name, please also complete Section B)

Please provide supporting documents, as stated in section I and II to process your request.

I. Signed Change Request Form

AND

II. Top part of your old and new Bank Statement OR Old Voided Cheque OR Old Deposit Slip OR New Bank Confirmation Letter

Note: All above supporting documents must include your printed bank account number, payee name, bank name and bank logo.

Please update the following information to process your request:

Direct Credit (Deposit of Payment)

New BSB Number

New Bank Account Number

Direct Debit (Deduction of Merchant Fees)

New BSB Number

New Bank Account Number

SECTION B: Company/Payee Name Change
(Should there be an update in bank account number, please also complete Section A)

Please provide supporting documents, as stated in section I, II and III to process your request.

For request from a non-authorized signatory, please provide one supporting document from part II.

I. Signed Change Request Form

AND

II. Top part of your old Bank Statement OR Old Voided Cheque OR Old Bank Confirmation Letter OR Old Deposit Slip
OR Current Business Registration Certificate

AND

III. New Business Registration certificate including NEW company name

Note: All above bank supporting documents must include your old printed bank account number, payee name, bank name and bank logo.

Please update the following information, where changes are applicable, to process your request:

New Payee Name

(Payee Name is the name registered with your bank.
Maximum of 38 characters, including spaces)

New Company Name (as printed on Business Registration Form)

Changes to Sections C and D require the following:

I. If change is requested by an **Authorized signatory**, please complete the required sections below and sign the declaration (No additional documentation required).

II. If change is requested by a **Non Authorized signatory**, please complete the required sections below, sign the declaration and provide **one** of the following documents:

Current Business Registration Certificate OR Current Voided Cheque OR Current Bank Statement OR Bank Confirmation Letter OR Current Deposit Slip

Note: Bank supporting documents must include your printed bank account number, payee name, bank name and bank logo.

SECTION C: Add/Delete Authorized Signatories (Please select whether you would like to ADD or DELETE)

Add	Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>
Add	Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>
Add	Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>
Add	Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>

Note: Date Of Birth only required to ADD authorized signatories.

SECTION D: Address Change (Please select the applicable boxes to indicate the type of address change required and complete your new address details)

Settlement Address (Merchant Payment/Statements Address)

Full Address

State Post Code

Trading Address (Merchant Trading/Shop Address)

Full Address

State Post Code

Corresponding Address (Letter Address - if different from Settlement address)

Full Address

State Post Code

SECTION E: Update Electronic Terminal (Please fill in the following information in full, as provided by your bank)

New Terminal ID	New Bank Merchant ID	New Bank Provider Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

The signers indemnify and warrant to American Express that they are duly authorized by the merchant company to deal with American Express for all relevant matters relating to the acceptance of the American Express Card. The signers acknowledge and agree to be bound by the Terms and Conditions for American Express Card Acceptance (as amended from time to time), a copy of which either has previously been provided to the merchant with the account set up materials, or will be provided to the merchant when it signs a new merchant acceptance agreement with American Express following a change of ownership.

* I agree that there have been no changes to the ownership of the business

(Please Sign Here) x

Signatory's Name

Business Title

PLEASE CHECK THAT ALL REQUIRED SUPPORTING DOCUMENTS ARE ATTACHED

For Internal Use Only:

Case No: