

Address/Phone/Fax Change Request Form

All information listed is required and must be completed. Please fax this request form to Client Support at 1-866-657-2770. This request will not become effective until the signature has been verified by TD Bank.

Merchant name: _____

Merchant number: _____ (required)

Old Address

Street: _____ Unit/suite#: _____

City: _____ State: _____ Zip: _____

New Physical Address

Street: _____ Unit/suite#: _____

City: _____ State: _____ Zip: _____

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

Street: _____ Unit/suite#: _____

City: _____ State: _____ Zip: _____

Business telephone number: _____ Email address: _____

Business fax number: _____

Customer service telephone number, if different from business phone number: _____

Signature of Authorized Principal
(as specified on the Merchant Application/Agreement)

Date

If you have any questions, please contact Client Support at 1-800-348-4025.



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