



## BANK ACCOUNT CHANGE FORM

Company Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

FEIN (Federal Employer Identification Number): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Next Payroll Finalize Date: \_\_\_\_\_

Requested Effective Date of Change: \_\_\_\_\_

\*\*In order to make a bank change, we will need the following items before the change can be made for each entity this applies to:

SS-4 or 147c with current business name and address

Voided Check or Bank Letter on Bank Letterhead

Copy of Cannabis License (if applicable)

Change applies to:    Payroll    Tax Payments    Würks Fees

Enter **CURRENT** financial institution account information into the fields provided below.

Financial Institution:		Branch:	
City:	State:	Zip Code:	
Transit/ABA#:		Account#:	

Enter **NEW** financial institution account information into the fields provided below.

Financial Institution:		Branch:	
City:	State:	Zip Code:	
Transit/ABA#:		Account#:	

Authorizing Person (Print): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

To Be Filled Out by Würk:

Date of Request:	Date Approved:
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