



BANK ACCOUNT CHANGE FORM

Company Name:	DBA Name:	
FEIN (Federal Employer Identification Number):	Contact Phone:	Contact Email:
Next Payroll Finalize Date:	Requested Effective Date of Change:	

PLEASE NOTE: We require the following items *for each entity* before a bank change can be processed.

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: (please select all that apply)	Payroll	Tax Payments	Würk Fees

Enter the **CURRENT** financial institution account information below.

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

Enter the **NEW** financial institution account information below.

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

Authorizing Person (Print) _____

Authorizing Signature _____

Title _____ Date _____

For Würk Internal Use Only

Date of Request: _____ Date Approved: _____