



**FLEX·PAY**

723 Coliseum Drive  
Suite 200  
Winston-Salem, NC 27106  
(336) 773-0128 phone  
(800) 457-2143 phone  
(336) 773-1055 fax

# Request to Change Bank Account Information

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This document is my request to change my bank account on file with Flex-Pay beginning with the Effective Date stated below. A copy of my Voided Check is faxed or mailed with this form.

**Company Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Flex-Pay Client ID Number:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Effective Date to Use this Account:** \_\_\_\_\_

**Starting Check Number:**  
\_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Transit Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

*Authorized Signature:* \_\_\_\_\_

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

**Set Up By (Internal Use Only):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Flex-Pay Fax: (336) 773-1055 or (336) 714-1200**