

Request to Change Bank Account Information



711 Coliseum Plaza Ct
Winston-Salem, NC 27106
Phone: (336) 773-0128
Fax: (336) 773-1055
or **(336) 714-1200**

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:** _____