Revised: 11/2009



Customer Information Form

Please note: Company will not be set up unless all information is completed

Processor Signatui	re (individual MUST be liste	d on Authorized Individuals form on file at InterceptEFT):
New – Routing Num	ber	Account Number
Old/Current – Routin	g Number	Account Number
For Revised Accou	nt Information ONLY:	
•••••		
□ Net P	ay Impound	
☐ Tax F ☐ Vend	ayment or Payment	
☐ Tax I	mpound	
	oll Direct Deposit g (fees)	
	ons to be submitted:	
4	Day Processing Window (4	48 hour) Wire
		24 hour) 5 Day Processing Window (72 hour)
		icable to billing, tax or vendor payments)
Nature or Descrip	otion of Business	
Routing Number		Account Number
Company Contac	t Person	Company Phone #
Company City, St	ate, Zip	
	(1-1,7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
•		not accepted)
options include: a	ny official document from a tr	usted third party listing company name along with tax ID (i.e. rn signed by entity & preparer, printout from EFTPS)
* Federal Tax ID #	t verification is also require	ed to be submitted with this form. Acceptable verification
Tax Identification	Number*	Years in Business
Company Owners	snip (please list names of a	Il company owners)
Processor Compa	any Name	PIN
	☐ Close / Inactivate	
	Processing WindoAccount Number	ow (Signature Required)
i iodoo oiiook.	☐ Revised (Please select type of revision(s) below)	
Please Check:	☐ New Customer	