

Change Bank Account & Credit Details

Use this form to change your bankaccount details as registered at European Merchant Services (EMS);

- EMS only processes changes to bank account numbers that are in the name of the same entity as your registration number.
- Back dated changes are not possible.
- Compulsory fields are indicated by an *

Your registration no *: _____

(The EMS Registration Number can be found on your Acceptance Agreement or in the description of EMS payments on your bank statement after 'Merchant ID').

Customer details

Trade name * _____ *Maximum of 22 characters*

Legal name * _____ *Maximum of 35 characters*

Contact person * Mr. Mrs. _____

E-mail address * _____

Business address * _____

Postal code and city * _____

Telephone number * _____

Fax number _____

Mailing address * _____

Postal code * _____ City _____

Former bank details

Name of account * _____ *Maximum of 22 characters*

IBAN number* _____

BIC / Swift code* _____

New bank details to which EMS is allowed to pay out

Name of account * _____ *Maximum of 22 characters*

IBAN number* _____

Bank name* _____

BIC / Swiftcode* _____

City Bank* _____

Country* _____

New bank details to which EMS is allowed to collect payments

Are these the same details as above Yes (you don't have to fill in anything)
No (please fill in the fields below)

Name of account * _____ *Maximum of 22 characters*

IBAN number* _____

Bank name* _____

BIC / Swiftcode* _____

City Bank* _____

Country* _____

New details valid from (dd-mm-yyyy) _____

(Back dated changes not possible).

The undersigned gives consent to EMS for the collection of owed amounts by direct debit.

Date of signature (dd-mm-yyyy) _____

Name of authorized signatory _____

Signature

Note:

Processing the change will take up to five business days. For quick handling of you request, please make sure you send us the correct information. We can only process your request if all the correct fields have been completed properly.

- The form must be signed by an authorized signatory in your organization.
- Include a copy of the ID of the authorized signatory in which the signature is visible.

NOTE!

On the copy of your ID, your photo and citizen service number must be covered.

- Include a copy of recent bank statement of the new account.

Please send the change form, including appendixes if required, to European Merchant Services, P.O. box 22764, 1100 DG Amsterdam. Or send it by e-mail to account@emspay.eu