Certegy Payment Solutions, LLC
Business Owner Information
Request Form

To request information from Certegy regarding a business account, please mail or fax a signed copy of this form to:

Order by Mail	**Certegy Payment Solutions, LLC** **Attn: Business Owner Request** **P.O. Box 908** **Grand Junction, CO 81502**
Order by Fax	**(727) 570-4936**

Business Information:

This form is intended for businesses. Please use capital letters only. Required fields are marked with an asterisk (*).

What is the nature of your request? _____

_____

Business Name* _____

Employer ID Number (EIN)* ___ - _____

Street Add* _____ Apt/Unit#* _____

City* _____ St* ___ Zip* _____ - ____

Telephone #* (___) - ___ - ____

Authorized Signer/ Business Contact:

First N* _____ Last N* _____ MI ___

Routing # of Financial Institution* _____ Account #* _____

Average Number of Payroll Checks Issued Per Week _____

By signing my name below, I affirm that I am the named person above and that I am authorized to submit this request on behalf of the company.

Authorized Signer: (please print) _____

Your signature: _____ **Date:** _____

certegy

Rev 09/2022