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** **PO Box 30046** **Tampa, FL 33630-3046**
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 01/2019