American Express Australia Limited
GPO BOX 1582
Sydney NSW 1131
Telephone: 1300 363 614

For Internal Use Only :
Case No:

KINDLY RETURN FORM VIA FAX TO (02) 9271 2199 OR BY EMAIL TO Amex.KLCFN.Maintenance@aexp.com
Note: It is recommended that you encrypt all requests sent via this e-mail address. American Express does not accept liability for requests received by unintended recipients.

Change Request Form - For your Account

Date of Request :

Name of Merchant contact :

Your American Express Merchant number :

Note: Your Merchant Number is 10 digits and starts with 979. If your request covers more than one merchant number, please attach a list and write "as per attached list" in Merchant number box.

(Please select from the boxes below and update the information as required.)

☐ Trading Name: (Only fill in if this differs from Company Name)

☐ Phone Number: ( )

☐ Fax Number: ( )

☐ Email Address:

To be used by American Express for servicing and communication purposes only.

To help us complete your request, please make sure:

1. The Change Request Form is complete and signed
2. Required supporting documents outlined under each section are attached to the request (mandatory for Authorised and Non Authorised signatories)
3. If a Non Authorised signer is completing this request, an additional existing support document needs to be provided for changes under Sections B, C and D
   Note: All Bank supporting documents must include your printed bank account number, payee name, bank name and bank logo.

☐ **SECTION A : Bank Account Update - No change to Payee name**

****Please provide the following documents to process your request:

I. Signed Change Request Form

AND

II. Your new and old bank statement **OR** Old bank voided cheque **OR** Bank confirmation letter **OR** Old bank pre-printed Deposit Slip
Note: All above supporting documents must include your printed bank account number, payee name, bank name and bank logo

****Please update the following information to process your request:

Payee Name (Payee Name is the name registered with your bank)

New BSB Number (Bank Sort Number)

New Bank Account Number

Account Type (please select one) ☐ Direct Credit (Deposit Of Payment) ☐ Direct Debit (Deduction of Merchant Fees)

☐ **SECTION B : Bank Account Update and Company/Payee Name Change**
Mandatory for Payee Name Change requests

****Please provide the following documents to process your request:

I. Signed Change Request Form

AND

II. Your new and old bank statement **OR** Old bank voided cheque **OR** Bank confirmation letter **OR** Old business registration certificate **OR** Old bank pre-printed deposit slip

AND

III. **New** business registration certificate including NEW company name
Note: All above supporting documents must include your printed bank account number, payee name, bank name and bank logo

****Please update the following information to process your request:

New Payee Name
(Payee Name is the name registered with your bank.
Maximum of 38 characters, including spaces)

New Business Registration Number

New Company Name (as printed on Business Registration Form)

New BSB Number (Bank Sort Number)

New Bank Account Number

American Express Australia Limited (92 108 952 085). Registered Trademark of American Express Company.

Changes to Sections C and D require the following:

I. Authorised signatories to complete the required sections below and sign the declaration
(No additional documentation required)

II. Please note Non Authorised signatories must complete the Change Request Form and provide one of the following documents:

Current business registration certificate **OR** Bank voided cheque **OR** Your bank statement
OR Bank confirmation letter with account details **OR** Pre-printed bank Deposit Slip

Note: All above supporting documents must include your printed bank account number, payee name, bank name and bank logo

☐ **SECTION C : Add/Delete Authorised Signatories (Please select whether you would like to ADD or DELETE)**

		Business Title	Full Name	Date Of Birth
☐ Add	☐ Delete			
☐ Add	☐ Delete			
☐ Add	☐ Delete			
☐ Add	☐ Delete			

Note: Date Of Birth only required to ADD authorised signatories

☐ **SECTION D : Address Change (Please select the applicable boxes to indicate the type of address change required and complete your new address details)**

☐ Settlement Address (Merchant Payment/Statements Address)

Full Address

State Post Code

☐ Trading Address (Merchant Trading/Shop Address)

Full Address

State Post Code

☐ Corresponding Address (Letter Address - if different from Settlement Address)

Full Address

State Post Code

☐ **SECTION E : Update Electronic Terminal (Please fill in the following information provided by your bank)**

New Terminal ID New Bank Merchant ID New Bank Provider Name

Declaration

The signers indemnify and warrant American Express that they are duly authorised by the merchant company to deal with American Express all relevant matters relating to the acceptance of American Express Card. The signers agree to be bound by American Express Terms and Conditions for Card Acceptance. Details of the Terms and Conditions have been provided to the merchant with account set up materials or will be provided to the merchant when it signs up a new merchant acceptance contract with American Express due to change of ownership.

* I agree that there have been no changes to the ownership of the business

(Please Sign Here) ✘

Note: Signatures must be handwritten. Digital signatures are not accepted.

Requestor's Name

Business Title

PLEASE CHECK THAT ALL REQUIRED SUPPORTING DOCUMENTS ARE ATTACHED