CHANGE • STOP • CREDIT FORM

ES #:				To: Phone:	Vanco Services, LLC 800-675-7430
From:				Fax:	952-983-8665
Authorized Signature		_			
Phone Number		-	Effective Dat	te	
*** PROVIDE ONL	Y INFORMATION		AT IS TO B	E CH	ANGED ***
Participant ID #: Cha		Char	nge ID# to:		
Participant Name:					
Participant Address:					
City:			State:	Zip:	
Amount•Date•Frequency	Change From		Change To	l	s Change Permanent?
Transaction Amount					🛛 Yes 🖵 No
Transaction Date					🛛 Yes 🖵 No
Transaction Frequency					🛛 Yes 🖵 No
Hold Status - Remove account from hold status? Special Instructions: Yes No Stop Payment - Permanent? Yes No If Temporary, enter date to resume payment:					
Bank Information Change					
Account Type: □ Checking Attach voided check ⇒ □ Savings					
Change Routing Number To: (If using savings account, contact your financial institution for the appropriate Routing Number)					
Change Account Number To:					
I:123456789I: 123 123456# 000 1 Image: Check Number in the second Number in					
Credit Request					
Must be received by noon central time to be processed for the next business day. A fee of \$5.00 will be charged per credit processed.					
Credit Amount: \$	Credit Date:				