

**FIS (eFunds) GOVERNMENT SOLUTIONS
BANK INFORMATION CHANGE REQUEST FORM FOR PROVIDER**

**To: FIS (formerly eFunds) Government Solutions
P.O. Box 290
Milwaukee, WI 53201-0290
Tel #: 1-800-894-0050
Fax #: 1-414-341-7085**

From: _____
(Provider First Name, Last Name)

(IRS Legal Filing Name)

Provider Name: _____

Provider Address: _____

Provider Telephone # :(_____)

Email Address: _____

Provider ID#: _____

This letter serves as a written request to change store bank information. Please route my EBT Child Care deposits

From:
Old Bank Information
Old Bank Name: _____
Old Bank *FRDABA # (Routing/Transit #): _____
Old Bank **Account #: _____

To:
New Bank Information
New Bank Name: _____
New Bank *FRDABA # (Routing/Transit #): _____
New Bank **Account #: _____

***FRDABA # is a 9 digit number located in lower left hand corner of your check**

****Account # is located to the right of the FRDABA number**

Please attach a voided check with the new bank information to this form

Printed Name: _____
(Please print and sign the name of the person who holds the license or who signed the contract)

Authorized Signature: _____ **Date:** _____

*****Upon receipt of this document at our location, please allow up to 10 business days for this change.**

For office use only
Received Date: _____