

Change Bank Account and Credit Details

Use this form to change your bank account details as registered at European Merchant Services B.V., operating under the name Fiserv.

- Fiserv only processes changes to bank account numbers that are in the name of the same entity as your Merchant ID
- Back-dated changes are not possible
- Compulsory fields are indicated by an *

Your Merchant ID*:

(The Fiserv Merchant ID can be found on your Acceptance Agreement or in the description of Fiserv payments on your bank statement after "Merchant ID".)

Customer details

Trade name*	<input type="text"/>	Maximum of 22 characters
Legal name*	<input type="text"/>	Maximum of 35 characters
CoC number*	<input type="text"/>	
Contact person*	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="text"/>	
Email address*	<input type="text"/>	
Business address*	<input type="text"/>	
Postal code and city*	<input type="text"/>	
Telephone number*	<input type="text"/>	
Mailing address*	<input type="text"/>	
Postal code*	<input type="text"/>	City <input type="text"/>

Former bank details

Name on account*	<input type="text"/>	Maximum of 22 characters
IBAN number*	<input type="text"/>	
BIC/Swift code*	<input type="text"/>	

New bank details to which Fiserv is allowed to pay out

Name on account*	<input type="text"/>	Maximum of 22 characters
IBAN number*	<input type="text"/>	
Bank of name*	<input type="text"/>	
BIC/Swift code*	<input type="text"/>	
Bank*	<input type="text"/>	
Country*	<input type="text"/>	
Reason for the bank account change*	<input type="text"/>	

New bank details to which Fiserv is allowed to collect payments

Are these the same details as above? Yes (you don't have to fill in anything)
No (please fill in the fields below)

Name on account*	<input type="text"/>	Maximum of 22 characters
IBAN number*	<input type="text"/>	
Bank of name*	<input type="text"/>	
BIC/Swift code*	<input type="text"/>	
Bank*	<input type="text"/>	
Country*	<input type="text"/>	

New details valid from (dd-mm-yyyy)
(Back-dated changes not possible.)

The undersigned gives consent to Fiserv for the collection of owed amounts by direct debit.

Date of signature (dd-mm-yyyy)	<input type="text"/>
Name of authorized signatory	<input type="text"/>
Signature	<input type="text"/>

Note:

Processing the change will take up to five business days. For quick handling of your request, please make sure you send us the correct information. We can only process your request if all the correct fields have been completed properly.

- The form must be signed by an authorized signatory in your organization
- You will receive a request to submit your identification online

You can send this form by email to account.nl@fiserv.com.

Connect with us

Schedule a free consultation with a Fiserv representative today.

NL: +31 (0) 20 6 603 120
contact.nl@fiserv.com

BE: 0800 711 88
contact.be@fiserv.com

Fiserv is driving innovation in Payments, Processing Services, Risk & Compliance, Customer & Channel Management and Insights & Optimization. Our solutions help clients deliver financial services at the speed of life to enhance the way people live and work today.

Visit [fiserv.com](https://www.fiserv.com) to learn more.