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Sign and fax the completed form to 1-480-449-8823. E-mail: [clientsupport@ccbill.eu.com](mailto:clientsupport@ccbill.eu.com) for assistance.

**ADDRESS / NAME CHANGE**

Please choose the type of information you would like to change:

- Sales Check
- Principal / Home
- Business

If moving or changing check information then please make sure to fill out this form in order to ensure proper delivery of checks via mail.

Please do not assume the change has been made unless you receive email confirmation to the address you have provided for your account.

Changes can only be made by the client that signed up for the account and whose name and signature are on the contract.

**CURRENT INFORMATION**

Account Number: \_\_\_\_\_

Name on Check: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

**NEW INFORMATION**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

New Name on Check: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

\_\_\_\_\_

Tax ID #: \_\_\_\_\_ (Only if name is being changed)

\_\_\_\_\_  
Account Holders Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holders Name Printed

\_\_\_\_\_  
Date