

ADDRESS / NAME CHANGE FORM

All requests must be completely filled out, signed, and faxed to 480.449.8801. Alternately, signed requests can be scanned and emailed to contractadmin@ccbill.com.

For assistance in completing this form, please send an email to contractadmin@ccbill.com.

Please choose the type of information you wish to change:

Payment Delivery Address / Check Name

Principal Name / Principal Address

Business Address

If moving or changing check information, please fill out this form to ensure proper delivery of checks sent through the mail.

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

NOTE: Please do not assume a change has been made until you receive email confirmation from CCBill to the email address you have provided for the account.

OLD INFORMATION:

Account Number:	Subaccount:	
Name on Check:		
Address:		
City:	State:	Zip/Postal Code:
Country:		

NEW INFORMATION:

Address:		
City:	State:	Zip/Postal Code:
Country:		
Name on Check:		
Email Address:		
Tax ID Number:		
Reason for Change:		

Account Holder's Signature:	Date:
Account Holder's Print Name:	Date: