CUSTOMER MAINTENANCE REQUEST FORM (NON-MONETARY)

Company Requesting Change: Impact PaySystem Date: 02/25/25

Location/Company to be Changed: Master Telecom Bank/BOFD: _____

Contact/Officer at Company Requesting Change: Charlotte Groff / Impact Contact Phone: 901-601-0032

Date Requested Change to be Effective: 03/31/2025 Contact Email: charlotte@impactpays.com

Type of Change Requested:

1. ☐ **Closing a Location/DDA (closing a deposit account but not the whole company)**
   Location to Close: _____ Entity # _____
   Reason for Closing: _____ Seasonal Account: ☐ Yes ☐ No
   Current Bank Account #: _____
2. ☑ **Closing a Company (closing an entire company and all the locations) –** *Early Termination Fee may apply*
   Company to Close _____ Entity #: _____
   Reason for Closing: _____ Seasonal Account: ☐ Yes ☑ No
   Current Bank Account #: _____
3. ☐ **Name, Phone, Email, Address Change**
   Name:_____ Email: _____
   Address: _____ Phone #: _____
   City: _____ State: _____ Zip: _____
4. ☐ **Email Notifications**
   ☐ Return Email ☐ Adjustment Email Notification ☐ Nightly Deposit/Transaction Email
   Send email notification to: ☐ User Submitting Deposits
   ☐ Other Email: _____
   ☐ Both
5. ☐ **Other Request:** _____

Signature of Authorized Signer: _____

Print Signed Name: _____