



**Amendment to Merchant Bankcard Agreement**

Please return this completed form to your representative.  
 (The form must be signed by the authorized signer on the account.)

**AGREEMENT TERMS**

This Amendment by and between Woodforest National Bank ("BANK") and MERCHANT, the name of which is set out below, shall become effective on the date executed by a duly authorized representative of BANK.  
 WHEREAS, BANK and MERCHANT are PARTIES to a Merchant Bankcard Agreement of certain date ("AGREEMENT") under which BANK receives specified SALES transactions from MERCHANT, processes such SALES and pays MERCHANT the proceeds of such SALES subject to the terms and conditions more fully set out in the AGREEMENT; and

WHEREAS, MERCHANT desires to change certain aspects of the AGREEMENT to more accurately reflect the actual circumstances of its BUSINESS.  
 NOW THEREFORE, the PARTIES hereby agree as follows:

1. Terms herein in all capitalized letters which are not otherwise defined herein shall have the same meaning as set out in AGREEMENT.
2. BANK and MERCHANT agree that this AMENDMENT is controlled by the terms and conditions contained in AGREEMENT.
3. MERCHANT wishes to amend AGREEMENT as is set out in one or more of the following sections:

<b>MERCHANT #:</b>		<b>DBA:</b>	
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<b>3.1 Change of Name:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>3.1 Change of Address:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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Previous Legal Name:	New Legal Name: <b>If changing a new merchant account is required.</b>
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Previous d/b/a Name:	New d/b/a Name:
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Reason for Change:	Business Type: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit
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Type of Goods/Services Sold:	<b>Federal Tax ID#: If changing a new merchant account is required.</b>
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Previous Mailing Address	New Mailing Address
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Previous City, State Zip	New City, State Zip
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Previous Physical Address	New Physical Address
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Previous Physical City, State Zip	New Physical City, State Zip
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<b>3.2 Backup Withholding Certifications: Yes</b>	Legal Name: (As shown on your income tax return)
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<b>TIN:</b>	
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**TAXPAYER I.D. NUMBER** – The Taxpayer Identification Number (TIN) shown above is my correct taxpayer identification number.

**BACKUP WITHHOLDING** – I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

**EXEMPT RECEIPTS** – I am an exempt recipient under the Internal Revenue Service Recognitions

**Signature: I certify under penalties of perjury the statements checked in this section are true and accurate and that I am a U.S. citizen or other U.S. person.**

Principal #1 Signature	Date
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4. Such Changes are to become effective only when this Amendment is executed by BANK. Submission of this form is in no way evidence that BANK has accepted such changes. At its option, BANK may elect to refuse to accept the submitted changes and terminate AGREEMENT. MERCHANT understands that in the event changes such as those set out above are made and BANK is not notified of such change using this process, the AGREEMENT may be terminated by BANK on notice.

5. This AMENDMENT and the AGREEMENT constitute the entire agreement between the PARTIES and supersedes an prior or contemporaneous oral or written representations with regard to the subject matter hereof. No agent, employee, or representative of either PARTY has any authority to bind such PARTY to any affirmation, representation, or warranty unless such is specifically included within this written AMENDMENT or the AGREEMENT.

6. Except as amended hereby, BANK and MERCHANT reaffirm the obligations of each as are contained in the AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be executed by their duly authorized officers, effective as of the date executed by BANK.

\_\_\_\_\_  
 Signature of Authorized Signer

\_\_\_\_\_  
 Signer's Title

\_\_\_\_\_  
 Authorized Signer (printed)

\_\_\_\_\_  
 Date