



EMPLOYER FUNDING TOOL UPDATE REQUEST FORM

Please Note: Document must be typed. Please complete all applicable sections and fax to 302.791.5784. Please allow 2-3 business days for updates to take place.

1 CURRENT BUSINESS INFORMATION

BUSINESS/CORPORATE NAME: _____ DBA NAME (IF DIFFERENT): _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____ REQUESTOR NAME: _____

PLEASE CHECK THE SECTION YOU WOULD LIKE TO UPDATE

UPDATE FINANCIAL INSTITUTION INFORMATION

2 BANK NAME _____ ACCOUNT NAME _____

BANK ABA _____ BANK ACCT # _____

TYPE OF BANK ACCOUNT: CHECKING SAVING

ADD OR UPDATE FUNDING TOOL ADMINISTRATOR

3 1. NAME _____ PHONE # _____ EMAIL: _____

2. NAME: _____ PHONE # _____ EMAIL: _____

REMOVE FUNDING TOOL ADMINISTRATOR

4 1. NAME _____ PHONE # _____ EMAIL: _____

2. NAME: _____ PHONE # _____ EMAIL: _____

UPDATE BUSINESS INFORMATION

5 BUSINESS/CORPORATE NAME: _____ DBA NAME (IF DIFFERENT): _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____ FEDERAL TAX ID: _____

CHECK AS APPROPRIATE: SOLE PROPRIETOR PARTNERSHIP LLC NON-PROFIT CORPORATION (STATE OF INCORPORATION _____)

YEAR ESTABLISHED: _____ LENGTH OF CURRENT OWNERSHIP: _____ COMPANY WEB SITE & URL _____

DESCRIPTION OF BUSINESS & PRODUCTS/SERVICES: _____

6 By signing below, the Merchant named above: (1) certifies that all information and documents submitted in connection with this update are correct to the best of your knowledge,(2) authorizes The Bancorp Bank to update our records based on the information provided within.

Signature of Business Principal: _____ Date: ____ / ____ / ____

E-Mail Address of Business Principal: _____