

Request to Update Billing Information

Billing updates can now be done from within the new [Partner Interface](#). Log in and click **Account** from the main toolbar, then click **Partner Account**, then **Account Billing** to update your information. Or use the legacy update process below.

To update the billing information on file for your Authorize.Net reseller account, please complete the following steps.

1. Completely fill out sections 1, 2 and 4. Section 3 is optional, but recommended if you subsidize your merchants' fees.
2. Provide a copy of a [voided check](#) OR [bank letter](#) to verify the new bank account information in section 2 below.
3. Return the completed form and voided check or bank letter by following these steps:
 - a. Log into the [Reseller Interface](#) and click **Support** from the upper right corner of any page
 - b. Click **Create a New eTicket** and enter your contact information, a summary and a description.
 - c. Click **Next**. On the following page, click **No – Submit eTicket**.
 - d. Attach this completed form and any documentation by clicking **Add** in the Attachments section of the eTicket.

IMPORTANT: For verification purposes, the account information from section 1 must match the current information on file in the Reseller Interface. If it does not, we will be unable to update your account's billing information. To verify your information, please log into the [Reseller Interface](#) and click **Account** from the main toolbar. If any changes need to be made to your account information, please submit an eTicket by clicking **Support**, then **Create a New eTicket**.

SECTION 1: RESELLER INFORMATION – Please verify your business contact information. If there are multiple owners, provide this information for the owner with the largest share of ownership.			
Reseller ID: _____	Reseller Legal Name: _____		
<input type="checkbox"/> Check this box if the business address, fax number or phone number on the account have changed. We will update your account with the new information provided below.			
Doing Business As (DBA): _____		Phone: _____	
Business Address: _____		City/State/Zip Code: _____	
Fax: _____	Business Email Address: _____		
SECTION 2: BANK ACCOUNT BILLING INFORMATION – Please provide updated bank account information for your Authorize.Net account billing. A copy of a voided check or bank letter MUST be submitted with this form to confirm the new account information.			
Bank Name: _____		Bank City/State/Zip Code: _____	
Name on Account: _____	ABA Routing Number: _____	Account Number: _____	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Account Owner Type: <input type="checkbox"/> Business <input type="checkbox"/> Personal	
SECTION 3 (optional): CREDIT CARD BILLING INFORMATION – Please provide updated credit card information for your Authorize.Net account billing (this is used as a secondary billing method).			
Name on Card: _____	Card Number: _____		Expiration Date: _____
SECTION 4: PAYMENT AUTHORIZATION – Account owner's signature required.			
Your signature indicates that you authorize Authorize.Net to verify and use the bank account and/or credit card information as provided above for servicing your reseller account.			
I hereby authorize Authorize.Net to initiate transaction entries for services provided under the Payment Gateway Reseller Agreement, Payment Gateway and Branded Payment Solution Reseller Agreement, the Associate Reseller Program Agreement, and/or other existing agreement with Authorize.Net to my depository account indicated above and the depository institution(s) named above. I acknowledge that the origination of ACH or credit card transactions to my account must comply with the provisions of U.S. law.			
This authority is to remain in full force and effect until Authorize.Net has received written notification from me of my request for termination in such time and manner as to afford Authorize.Net and my depository institution a commercially reasonable opportunity to acknowledge and respond to the request.			
Print Name: _____	Signature: _____	Date: _____	