



# ACH CHANGE FORM

**\*\*This form must be in our office no later than 3 days before the ACH draft date\*\***

Date: \_\_\_\_\_ DONI#: \_\_\_\_\_

Consumer Name: \_\_\_\_\_  
(Print)

Return Via: (choose one)  Fax to 817-588-6477, Attn: Payment Processing

E-mail to payments@dyckoneal.com

Mail to PO Box 13370, Arlington, Texas 76094

You must select one: One-Time Change or Permanent Change

Check one or more of the below boxes to the left:

Change ACH draft date: from \_\_\_\_\_ to \_\_\_\_\_

Change ACH draft amount: from \$\_\_\_\_\_ to \$\_\_\_\_\_

Change ACH bank information: (Attach a bank letter or voided check)

Please select one:            Checking Account            Savings Account

Bank Name: \_\_\_\_\_

New account #: \_\_\_\_\_

New routing #: \_\_\_\_\_

Place ACH on hold:

Reactivate on: \_\_\_\_\_ (fill in next ACH draft date)

Cancel ACH as of: \_\_\_\_\_

Make up a missed draft or schedule an additional one-time draft of:  
\$\_\_\_\_\_ on \_\_\_\_\_  
(Date)

By signing this form I am giving Dyck-O'Neal, Inc. the authorization to do as stated above. I am also indicating that I understand if Dyck-O'Neal, Inc. does not receive this form within THREE business days prior to my scheduled draft date, changes will not be effective until the following ACH draft date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Bank Accountholder, if not consumer)