



**FIS GOVERNMENT SOLUTIONS
BANK INFORMATION CHANGE REQUEST FORM**

To: FIS Government Solutions
P.O. Box 290
Milwaukee, WI 53201-0290
Tel #: 1-800-894-0050
Fax #: 1-414-341-7085 or email to: merchant.services.support@fisglobal.com

From: _____
(First Name, Last Name) City and County of San Francisco

(IRS Legal Filing Name)

Store Name: _____ Alemany Farmers' Market
Store Address: _____ 100 Alemany Blvd., San Francisco, CA 94110
Store Telephone # : (415) 647-9423
Email Address: _____ alemany.market@sfgov.org
FNS #/ WIC Vendor ID/ Provider ID: _____ 0016629

This letter serves as a written request to change store bank information. Please route my EBT deposits

From:
Old Bank Information
Old Bank Name: _____ Bank of America
Old Bank *FRDABA # (Routing/Transit #): 1 2 1 0 0 0 3 5 8
Old Bank **Account #: _____ 1499129562

To:
New Bank Information
New Bank Name: _____ J.P. Morgan Chase Bank, N.A.
New Bank *FRDABA # (Routing/Transit #): 3 2 2 2 7 1 6 2 7
New Bank **Account #: _____ 832137217

***FRDABA # is a 9-digit number located in lower left hand corner of your check
Account # is located to the right of the FRDABA number

Please attach a voided check with the new bank information to this form

Printed Name: _____ Philip Anih
(Please print and sign the name of the person who holds the FNS license or who signed the contract)
Authorized Signature: _____ *Philip Anih* Date: _____ 5/1/2023

*****Upon receipt of this document at our location, please allow up to 10 business days for this change.**

AGREEMENT for WIRELESS Payment Processing Services

sFIS Pipeline No.

(Internal only)

THIS AGREEMENT (inclusive of the following Sections 1, 2, and 3) ("Agreement") for Wireless Payment Processing Services between Fidelity Information Services, LLC ("FIS") and Merchant named below (hereinafter "Merchant") shall be effective as of contract execution and shall continue until terminated in accordance with the provisions of the Agreement (the "Term").

The Agricultural Act of 2014 P.L.113-79, Section 4002 describes the SNAP provisions and regulations regarding the use of State provided point-of-sale (POS) equipment and supplies. Merchants who are not listed in the FNS Exempt merchant categories will be financially responsible for all fees, equipment and services relating to the EBT POS equipment and supplies.

As of the date of this Agreement is executed by Merchant, FIS will provide the products and services to the Merchant (the "Products" and "Services") and the Merchant hereby agrees to accept such Products and Services in accordance with the terms of this Agreement.

IMPORTANT – IRS REGULATIONS REQUIRE YOU TO PROVIDE YOUR TAX ID INFORMATION

Complete all required information on pages 1, 2, 3.


* Required information


FNS No.*	0	0	1	6	6	2	9	This is your USDA Food & Nutrition Services Authorization number for SNAP/Food Stamps. You must have a USDA-FNS number to enter into this Agreement with FIS. Apply at: www.fns.usda.gov/snap/retailers		
Merchant Store Name*	City and County of San Francisco <small>Please PRINT name of your store</small>									
Primary Address*	100 Alemany Boulevard					Primary Phone*	415-647-9423			
City*	San Francisco					State*	CA	Zip Code*	94110	
IRS Legal Filing Name*	City and County of San Francisco <small>PRINT legal name of your enterprise as shown on your income tax return</small>									
Federal Tax ID or SSN*	9	4	6	0	0	0	4	1	7	(Check one) <input checked="" type="checkbox"/> Federal Tax ID <input type="checkbox"/> SSN
Type of Business* (Check one)	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit/Tax-exempt <input checked="" type="checkbox"/> Government Entity <input type="checkbox"/> Foreign Entity <input type="checkbox"/> LLC, Limited Liability Company If you check "Foreign Entity", you must complete and provide FIS with a signed Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. Download from http://www.irs.gov/pub/irs-pdf/fw8ben.pdf									

ACCEPTED AND AGREED:

MERCHANT

FIDELITY INFORMATION SERVICES, LLC

Signed by* 
 Print Name* JOHN UPDIKE
 Title* DIRECTOR OF REAL ESTATE
 Date Signed* 1/22/18

Signed by 
 Print Name Naveen N. Nukala
 Title Line of Business Executive
 Received by FIS _____

Complete, sign and return pages 1-5 of this agreement to FIS by fax OR mail.

Fax to: 414.341.7484 Secure electronic fax. No cover page needed.
 Mail to: FIS Merchant Services, Attn: Wireless Merchant, PO Box 290, Milwaukee WI 53201-0290

3 – Funds Settlement/Invoices/Bank Account

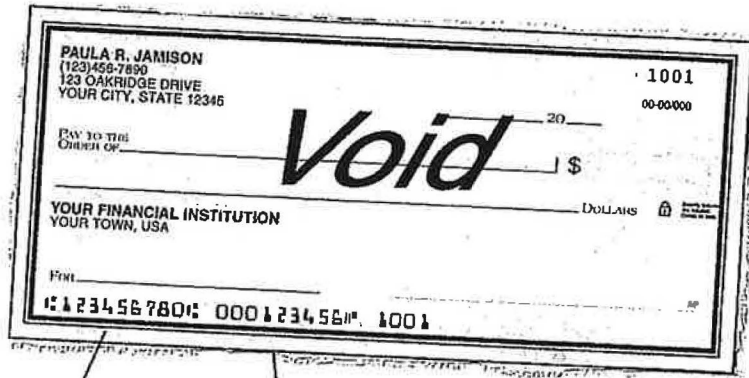
IMPORTANT!

To receive your daily funds settlement (deposit) and to pay invoices, you must have a CHECKING (not savings) account that can accept ACH debits and credits. Please see Wireless Payments Agreement Schedule B, Section 6, Payments, and Section 15, Merchant Responsibility, for funds settlement details.

Your financial institution and account information will be verified using the codes at the bottom of your check.

Write VOID on a check (not deposit slip).

BEFORE faxing (or mailing) the printed copy of the Agreement to eFunds, tape top edge of voided check over this picture >>



If you return the agreement by fax,
In addition to taping the check to this page,
please fill in the information below from your check
in case the faxed image of the check is unreadable.

* Required information

Bank Routing Number*

1	2	1	0	0	0	3	5	8
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Merchant's Bank Account Number*

1	4	9	9	1	2	9	5	6	2						
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—END SECTION 1 - MERCHANT INFORMATION—