# PARAMOUNT COMMERCE
## CHANGE OF BANK/SETTLEMENT INFORMATION

Please complete the following information and have it authorized by an officer or director of the company. Changes in bank settlement information may take up to 15 business days to complete and may require further verification if necessary. In addition to below, please also include a copy of a recent bank statement or bank reference clearly stating the company name, address and bank account details.

Effective date of Bank Account Settlement change:

Please tick which products the company is currently using, as the changes will affect all of them.

| Product | Merchant Account(s) | Merchant Name |
|---|---|---|
| INSTADEBIT | | |
| Instadebit WL | | |
| iDebit | | |
| Instant Banking | | |
| Pay-outs | | |

## 1.  BANK / SETTLEMENT INFORMATION

**a)**        **BANK INFO**:

Bank Account Holder Name:
(must match Company name on application and contract)

Bank Name:                                                          Currency:   EUR

IBAN:

Branch:                                        Bank Account Number:

ABA/Routing Number/Sort Code:                                        BIC/SWIFT:

Bank Street Address:

City:                        State/Province:            Zip/Postal Code:            Country:

**b)**        **BENEFICIARY DETAILS: (Beneficiary Name must match Company name on application and contract)**

Full Name of Beneficiary:

Address:

City:                        State/Province:            Zip/Postal Code:            Country:

**c)**        **INTERMEDIARY BANK INFO**:

Bank Name:                                                          Currency:   EUR

IBAN:

Branch:                                        Bank Account Number:

ABA/Routing Number/Sort Code:                                        SWIFT/BIC:

Bank Street Address:

City:                        State/Province:            Zip/Postal Code:            Country:

**d)**     **COMMENTS / INSTRUCTIONS**

## 2.  MERCHANT APPROVAL

By signing below, Merchant authorizes Instadebit International Solutions Ltd. ("IISL/CMT") /  Citadel Commerce (Malta) Limited ("CMT"), to modify the bank account settlement information contained in the original Merchant Application or subsequent amendment to the settlement information and replace the information with that contained above. The merchant indemnifies and holds IISL/CMT and its officers, employees, directors, agents, successors and assigns harmless from any and all damages, losses, costs and expenses, including without limitation reasonable attorneys fees, related to any errors in the bank settlement information provided by the merchant in this Application. The merchant also agrees to provide IISL/CMT with any additional information or documentation that may be required to confirm the banking information or necessary to meet its Know Your Customer or any other compliance requirements.

Merchant hereby authorizes IISL/CMT and its designated agents and representatives including IISL/CMT's bank, to initiate settlement of Transactions and the payment of other fees, to the bank accounts listed above. IISL/CMT will initiate credits to the Accounts in accordance with the Transaction Processing Agreement and the rules and procedures of the applicable banking network, association and settlement institution. This authority will remain in effect until six (6) months after IISL/CMT receives written notice from Merchant of its cancellation of such authorization. Neither IISL/CMT nor its designated agents and representatives shall be liable to Merchant for any delays in receipt of funds or errors in credit entries caused by third parties including, but not limited to, a banking network, Merchant's financial institution, or agent of Merchant.

(NOTE: This amendment to the Merchant Application must be signed by an authorized officer of the company that has contracted with IISL/CMT)
I hereby authorize the revision to the bank settlement information as contained herein and certify that I have authority to make this revision and that I have authority to bind the corporation in contract:

Merchant Authorized Signature: _____          Date:

Print Name:                                                                      Title:

## 3.  MAILING INSTRUCTIONS

Email or fax the completed signed and dated form to:

INSTADEBIT INTERNATIONAL SOLUTIONS LTD. ("IISL") / CITADEL COMMERCE (MALTA) LIMITED ("CMT")
Attention: Merchant Acceptance
Fax: +356 2131 2436
Email: merchantacceptance@paramountcommerce.com

For Internal Use            Approved By:_____                    Date: