



ACCOUNT CHANGE REQUEST FORM

Change of Name/ Address/ Email

Terminate Account

Account Information

Federal EIN or SSN _____

Business Name _____

Local Business Address _____ Work PSD _____

Contact Phone Number _____ Contact Email _____

Change of Name Only (Federal EIN must remain the same)

New business name _____

Change of Address

New physical business address _____

Effective Date _____

New Mailing Address _____

Change of Email Address

New Contact Email Address _____

Terminate Account

Reason:

Business Sold to _____ as of _____

Business Closed as of _____

Employee Terminated. Date of last payroll _____ Work PSD _____

Other, please explain _____

I declare under the penalties provided by law that this form has been examined by me and is to the best of my knowledge complete and accurate

SIGNED _____ TITLE _____

PRINTED NAME _____ DATE _____

**When complete, please fax, email or mail this form using the contact information at the bottom of the page.
Once we process the form, we will contact you if any further information is needed.**

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