

**Bank of America CashPro User ID Change Form**  
**Electronic Funds Transfer (EFT) – Participant Administrator**

**INSTRUCTIONS**

1. This Bank of America CashPro User ID Change Form is to be used by participants in the Bank of America, EFT Master Service Agreement (MSA) but only for those participants for which serve as their own administrator for Bank of America CashPro, for the purpose of initially adding CashPro user ids for new setups.
2. For participants serving as their own administrator for Bank of America CashPro, each participant has an individual who serves as the administrator and that individual should be contacted for all User ID maintenance needs. Administrators needing assistance should contact Bank of America technical support at Tel: 888-589-3473.
3. Participants using a bank other than Bank of America for their settlement bank account should contact their bank directly for the online system available from that bank.
4. From the OSC web site ([EFT enrollment forms](#)), click on the appropriate form to start the process of filling out the form online through DocuSign. Document flows have already been established and you will receive a copy of the fully executed document at the end. You will also be able to check on the status of your request (document) through DocuSign.
5. BOA will verify the identity of the individual who submits the form before acting on the request.
6. If a user needs assistance in password resets, he (she) can contact their own Administrator.
7. Information on Bank of America CashPro can be found at [Bank of America Commercial - Commercial Financing Services](#)

**Participant Making Request**

Participant (Agency) Name: \_\_\_\_\_

**Settlement Bank Account Number**

Check One:

EFT Settlement Bank account for outbound transactions

Company ID: \_\_\_\_\_

EFT Settlement Bank account for inbound transactions and associated Returns Account

Company ID: \_\_\_\_\_

Settlement Account Number: \_\_\_\_\_

Returns Account Number: \_\_\_\_\_

**Bank of America CashPro User Adds**

The following users should be added:

Name (Last Name, First Name)	Mailing and E-Mail Address	Phone #	Fax #

**Required Signature – Participant’s Chief Fiscal Officer**

The signature of the participant’s chief fiscal officer below indicates his/her request to add/delete/change users of Bank of America CashPro as referenced above; as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: \_\_\_\_\_

Chief Fiscal Officer’s Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

**For Bank of America Use Only:**

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