

Change of Beneficiary/Commission Payout Form

AEBN does not assume responsibility for any mistakes due to illegible forms made to your account. Please complete, sign and return this form by the 25th of the month in order to process account changes. **AEBN will not process any changes without a signature on this form.** AEBN will not process any forms if the owner name does not match the name listed in the AEBN database. AEBN's minimum payout is \$100 USD. If you have further questions please contact your account representative.

Date: _____

I, _____
(Print Legal Name)

Listed as owner of _____
(Print Company Name)

Do hereby authorize AEBN's account representatives to change the following information on the following account(s) as provided.

(Owner's Physical Signature) & (Owner's Printed Name)

AEBN Account Number(s): (AEBN-_____ and/or MF-_____)

*****Both OLD and NEW information you're requesting to be changed needs to be completed.*****

OLD Information

Business Name _____

Pay to Name _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Email _____

Contact Name _____

New Information

Receive payment through **Paxum**? ***\$2 charge will apply for each payment sent*** YES / NO

If yes, please provide us with the email associated with your account: _____

Receive payment through **Paypal**? YES / NO

If yes, please provide us with the email associated with your account: _____

Business Name _____

Pay to Name _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Email _____

Contact Name _____

Minimum Payout (No less than \$100 USD) _____