

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 standard minimum payout is \$100 USD unless noted elsewhere. If you have further questions please contact your account representative.

Date: _____

I, _____
(Owner's Printed Name) & (Owner's Physical Signature)

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

Listed as owner of _____
(Print Company 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 & Select Payment Method Preferred:

Receive payment via Paypal? YES / NO

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

Receive check payment via standard postal? YES / NO

Receive check payment via expedited 6-10 day international postal? YES / NO

If yes, minimum payment will be automatically increased to \$500 for affiliates and \$1000 for manufacturers.

Receive payment ACH-Direct Deposit (Domestic ONLY)? YES / NO

If yes, ACH Form and copy of blank check is required.

Business Name _____

Pay to Name _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Email _____

Contact Name _____