



Fax form to
1-888-738-2890

CHANGE REQUEST FORM

DBA _____ MID# _____ TID# _____

Change Type <i>Mark the appropriate box</i>	Requirements / Documentation	Department
<input type="checkbox"/> DDA	New Voided Check or Bank Letter / Merchant Signature	<i>Underwriting</i>
<input type="checkbox"/> Legal Business Name Change	Entire New Application Submitted Through Portal / Voided Check	<i>Underwriting</i>
<input type="checkbox"/> DBA Name	Signed letter from merchant/Voided check matching new DBA	<i>Underwriting</i>
<input type="checkbox"/> Additional Location	Add Location Addendum w/ new address and Voided Check	<i>Underwriting</i>
<input type="checkbox"/> Address Change	Signature of requestor	<i>Underwriting</i>
<input type="checkbox"/> Ownership Change	Entire New Application Submitted Through Portal / Voided Check	<i>Underwriting</i>
<input type="checkbox"/> Processing Method Change (swipe, MOTO, internet)	Entire New Application With New Rate Schedule	<i>Underwriting</i>
<input type="checkbox"/> Products/Services	Entire New Application	<i>Underwriting</i>
<input type="checkbox"/> Card Types		<i>Implementations</i>
<input type="checkbox"/> Discover	DISC Number: _____ New Add? _____	<i>Implementations</i>
<input type="checkbox"/> American Express	AMEX Number: _____ New Add? _____	<i>Implementations</i>
<input type="checkbox"/> Debit		<i>Implementations</i>
<input type="checkbox"/> Terminal/Processing Equip	FROM _____ TO _____	<i>Implementations</i>
<input type="checkbox"/> ADD Terminal ID(s)	New Terminal/Processing Equip Type _____	<i>Implementations</i>
<input type="checkbox"/> Account Closure	Merchant Signature	<i>Implementations</i>
<input type="checkbox"/> Other	Explain: _____	<i>Implementations</i>
<input type="checkbox"/> Monthly Volume	Merchant or Risk Analyst Signature: FROM _____ TO _____	<i>Risk</i>
<input type="checkbox"/> Average Ticket/High Ticket	Merchant or Risk Analyst Signature: FROM _____ TO _____	<i>Risk</i>
<input type="checkbox"/> Fees	Merchant Signature Required	<i>Management</i>
<input type="checkbox"/> Discount Rate	FROM _____ TO _____	<i>Signature Required</i>
<input type="checkbox"/> Statement	FROM _____ TO _____	<i>For Fee Changes</i>
<input type="checkbox"/> Monthly Minimum	FROM _____ TO _____	<i>- Then direct to</i>
<input type="checkbox"/> Other	FROM _____ TO _____	<i>Implementations</i>

COMMENTS

Requested By: _____ Date: _____

Merchant Signature _____ Date: _____

By authorizing the above rate reductions I agree to extend the terms of my merchant agreement for a period of 36 months.

Underwriting _____ Date: _____
(For Internal Use Only)

Risk Approval _____ Date: _____
(For Internal Use Only)

Mgmt. Signature _____ Date: _____
(For Internal Use Only)

Changed By: _____ Date: _____
(For Internal Use Only)