Partner Request for Merchant Transfer

By completing and submitting this form, you are requesting Authorize.Net to transfer an existing Gateway account to your partner profile. Merchants requesting this change must be utilizing one of the following services:

- Automated Recurring Billing (ARB) – **Must have at least 25 active subscriptions.**
- Customer Information Manager (CIM) – **Must have at least 25 payment profiles stored in CIM.**
- eCheck – **Should have at least 25 settled eCheck.Net transactions in the previous 30 days.**

Transfer of accounts are not guaranteed, as the original partner may need to give approval before the account can be transferred. It will be the new partner's responsibility to inform the merchant that they contact Customer Support with any new processor configuration.

Partners must include the existing Buy Rates listed under their partner account. The partner must also confirm the pricing for the new sell rates and buy rate program for the gateway account, and agree to the $15 transfer fee.

Note: Requests submitted after the 24th of the given month may not be considered for transfer until the following month.

Please submit the completed and signed form through the Partner Interface:

- Click **Support** at the top of the page and click **Create and Manage Support Cases**.
- Click **New Support Case** and enter a Subject and Description, and then click **Submit**.
- Click the **Upload Files** button on the next page to add the attachment.
- For further instructions, please click here.

Partner Information			
Partner ID:	**Partner Company Name:**		**Company Phone:**
Company Address:		**City/State/ZIP Code:**	

Merchant Information and Pricing
Payment Gateway ID: _____ **Company Name:** _____   **The merchant has agreed to our rates. Please set up the gateway using the following rates:**   Buy Rate (Required)   Sell Rate **Monthly Gateway Fee:** $ _____ $ _____ **Per-Batch Fee:** $ _____ $ _____ **Per-Transaction Fee:** $ _____ $ _____ ☐ We agree to the one-time $15 gateway transfer fee.

Authorization to Submit the Request			
By signing this form, I, an officer or employee authorized to enter into and act on behalf of the Company, acknowledge that I have fully read and understand the details set forth above and am instructing Authorize.Net to make such updates as set forth in this form.			
Signature:	**Print Name:**	**Title:**	**Date:**