Request for Transfer to new Partner

By completing and submitting this form, you are requesting Authorize.Net to transfer your existing account data away from your current partner to Authorize.Net as your new partner. 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.**

This must be requested by an Account Owner as per the "Authorization to Submit the Request" section. Transfers of accounts are not guaranteed, as the original partner may need to give approval before the account can be transferred.

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 Merchant Interface:

- Click **Contact Us** at the top of the page and then click on **Support Cases**, then **General Support**.
- Alternatively, you may click **New Support Case** under **Manage Support Cases**.
- Next, 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.

Merchant Information		
Payment Gateway ID:	**Company Name ("Company"):**	**Company Phone:**
Company Address:		**City/State/ZIP Code:**

Reason for Transfer
Please provide a brief but detailed description for why you are wanting to change from your current partner to Authorize.Net as your partner: _____

Current Data Information and Pricing	
New Partner ID: _____ **New Partner Name:** _____	**We have agreed to their rates. Please set up the gateway using the following rates:**
Services You Use: ☐ ARB ☐ CIM ☐ eCheck Number of Records for each service: ARB _____ CIM _____	**Monthly Payment Gateway Fee:** $ _____ **Credit Card Per-Batch Fee:** $ _____ **Credit Card Per-Transaction Fee:** $ _____ **Value Added Services Fees:** $ _____

Authorization to Submit the Request (requestor must be an existing Account Owner)			
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:**