



Please fax requests to 206.428.7102 or email to  
[cs@gravitypayments.com](mailto:cs@gravitypayments.com)

DBA Name: \_\_\_\_\_

Date: \_\_\_\_\_

Merchant ID: \_\_\_\_\_  
(required)

**Changes to fees:**

From:	To:
<input type="checkbox"/> Interchange Plus: _____	<input type="checkbox"/> Interchange Plus: _____
<input type="checkbox"/> Flat Rate: _____	<input type="checkbox"/> Flat Rate: _____
<input type="checkbox"/> Tiered: Qualified: _____ Qual Debit: _____ Mid Qual: _____ Non Qual: _____	<input type="checkbox"/> Tiered: Qualified: _____ Qual Debit: _____ Mid Qual: _____ Non Qual: _____
<input type="checkbox"/> Transaction Fee: _____	<input type="checkbox"/> Transaction Fee: _____
<input type="checkbox"/> Statement Fee: _____	<input type="checkbox"/> Statement Fee: _____
<input type="checkbox"/> Monthly Minimum: _____	<input type="checkbox"/> Monthly Min: _____
<input type="checkbox"/> Pin-Debit: _____	<input type="checkbox"/> Pin-Debit: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Add:	
<input type="checkbox"/> EBT Transaction Fee: _____	<input type="checkbox"/> Pin-Debit Transaction Fee: _____ (Plus Debit Network Fees)
<input type="checkbox"/> EBT Statement Fee: _____	

*I understand that by accepting the fee reduction, my Merchant Contract for processing services with Gravity Payments is renewed for a **1** year term, which begins on the date of the acceptance of this agreement. Furthermore, I understand that cancelling this account before the end of term will result in an early termination fee of \$495 per account.*

*In accordance with the terms set out above, I authorize the above change(s):*

Phil Torrona  
Authorized signer of Account signature

\_\_\_\_\_  
Name and Title (Please Print)