Additional Client Contacts

Card Services

| Please p | rint all information | using dark ink | | | Due Date: | | | | | | | |
|---|---|-------------------------|--------|-----------------------|--------------|----------|----|--|--|--|--|--|
| Institution: | | | | | | FIID/LOG | O: | | | | | |
| Address: | : | | | | | | | | | | | |
| City: | | State | e: | | | ZIP: | | | | | | |
| Time zor | ne 🗌 PT 🗌 MT | ☐ CT ☐ ET ☐ AK | | HI County | | | | | | | | |
| Design | nate Contacts | | | | | | | | | | | |
| 1. I | Indicate a Primary Contact and an Executive Contact. | | | | | | | | | | | |
| k | The Primary Contact and Executive Contacts can also receive additional communication types and/or be the designated project contact. Select additional contact types accordingly. | | | | | | | | | | | |
| | Indicate additional contacts at your institution for all categories. | | | | | | | | | | | |
| 4. If address is different than above, include it for each contact below. | | | | | | | | | | | | |
| Primary | y Contact | | ı | | | | | | | | | |
| Name | | | | Phone | | | | | | | | |
| Email | | | | Fax | | | | | | | | |
| Address | | | | | | | | | | | | |
| (if different | from address at the top |)) | | | | | | | | | | |
| City State | | | ZIP | | | | | | | | | |
| Addition | nal Contact Types | (select all that apply) | | | | | | | | | | |
| ☐ ACCEL/Exchange ☐ Adjustment ☐ | | Billing | ☐ Char | geback | ☐ Marketing* | | | | | | | |
| ☐ Compromised Cards [| | ☐ FYI/Alerts | | Project Contact | Risk | | | | | | | |
| Executi | ive Contact | | | | | | | | | | | |
| Name | | | Phone | | | | | | | | | |
| Email | | | Fax | | | | | | | | | |
| Address | | | | | | | | | | | | |
| (if different | from address at the top |) | | | | | | | | | | |
| City | | | State | ZIF | | | | | | | | |
| Additional Contact Types (select all that apply) | | | | | | | | | | | | |
| ☐ ACCEL/Exchange ☐ Adjustment ☐ B | | Billing | ☐ Char | Chargeback Marketing* | | | | | | | | |
| ☐ Compromised Cards | | ☐ FYI/Alerts | | Project Contact | Risk | | | | | | | |

*For Future Use

Additional Client Contacts

Card Services

| Institution: | | | | Γ: | FIID/LOGO: | | | | | |
|---|--------------|-----------------|--|--------------|--------------|--|--|--|--|--|
| Additional Contacts Contact 1 | | | | | | | | | | |
| Name | | Phone | | | | | | | | |
| Email | | Fax | | | | | | | | |
| Address (if different from address at the t | • • | | | | | | | | | |
| City | State | ZIP | | | | | | | | |
| Additional Contact Types (select all that apply) | | | | | | | | | | |
| ☐ ACCEL/Exchange | ☐ Adjustment | Billing | | ☐ Chargeback | ☐ Marketing* | | | | | |
| ☐ Compromised Cards ☐ FYI/Alerts ☐ Project Contact ☐ Risk | | | | | | | | | | |
| Contact 2 | | | | | | | | | | |
| Name | | | | Phone | | | | | | |
| Email | | | | Fax | | | | | | |
| Address (if different from address at the t | cop) | | | | | | | | | |
| City | City State | | | | ZIP | | | | | |
| Additional Contact Types (select all that apply) | | | | | | | | | | |
| ☐ ACCEL/Exchange | ☐ Adjustment | Billing | | ☐ Chargeback | ☐ Marketing* | | | | | |
| ☐ Compromised Cards | ☐ FYI/Alerts | ☐ Project Conta | | Risk | | | | | | |
| | | | | | | | | | | |
| Print Name: | | Date: | | | | | | | | |
| Signature: | | | | | | | | | | |

Please fax the completed form to 503-274-6619 Attn: Client Information Database Administrator