



For CMS Office Use Only:	
Date CMS Received: _____	DDA: _____
Date Change Made: _____	By: _____
Date Scanned: _____	Sent NBCal: _____

Rate Change Request Form

Merchant Name: _____

Merchant Number: _____

New Rate(s):

Reason for Rate Change(s):

Signature of Authorized Principal
(as specified on the Merchant Application/Agreement)

Date

Printed Name

Phone

Email Address

Please fax this request form to our customer service team at: 1-877-537-9485.

Please contact our customer service department at: 877-267-4324 or at customersupport@cmsonline.com with any questions.