

Date CMS Received: \_\_\_\_\_ DDA: \_\_\_\_\_

Date Change Made: \_\_\_\_\_ By: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Sent NCal: \_\_\_\_\_

# Descriptor Change Request Form

Merchant Name: \_\_\_\_\_

Merchant Number: \_\_\_\_\_

Old Descriptor: \_\_\_\_\_

New Descriptor: \_\_\_\_\_

(State recorded document to validate new descriptor will be required to make this change)

\_\_\_\_\_  
**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](mailto:customersupport@cmsonline.com) with any questions.