

EFT SECURE / VIRTUAL SET UP REQUEST FORM

Fax requests to (703) 991 – 5374

**** Please allow three (3) to five (5) business days for your request to be completed. ****

FOR OFFICE USE ONLY			
OFFICE NAME	OFFICE ID	REP NAME / ID #	APP ID #
MERCHANT INFORMATION			
MERCHANT ID #		DBA NAME	
ADDRESS 1			
CITY		STATE	ZIP CODE
CONTACT NAME		PHONE NUMBER	
EMAIL ADDRESS		FAX NUMBER	
SET UP CHARACTERISTICS			

<input type="checkbox"/> OFF	<input type="checkbox"/> ON	RECURRING CONFIRMATION	
<input type="checkbox"/> OFF	<input type="checkbox"/> ON	ORDER CONFIRMATION	
<input type="checkbox"/> OFF	<input type="checkbox"/> ON	BATCH SIZE MONITORING	
<input type="checkbox"/> NONE	<input type="checkbox"/> OFF	<input type="checkbox"/> ON	AVS OPTION
<input type="checkbox"/> NONE	<input type="checkbox"/> ____ AM	<input type="checkbox"/> ____ PM	AUTOCLOSE HOUR
<input type="checkbox"/> AUTO	<input type="checkbox"/> MANUAL	BATCH METHOD	

<p>COMMENTS</p>

SIGNATURE AND ACCEPTANCE

IN ACCORDANCE WITH THE TERMS SET OUT ABOVE, I AUTHORIZE THE ABOVE CHANGE(S):

AUTHORIZED SIGNER ON ACCOUNT (MERCHANT): X	SIGNER'S NAME (PLEASE PRINT) X
DATE: X	SIGNER'S TITLE (PLEASE PRINT) X

