

# Sage Payment Solutions

## MERCHANT ACCOUNT CONTACT UPDATE FORM

Fax requests to [\(703\) 991-5374](tel:7039915374)

**\*\* 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			
CITY		STATE	ZIP CODE
CONTACT NAME		PHONE NUMBER	

**PLEASE NOTE:** This affects MC / Visa deposits and fees only. If you accept other card types (i.e. Amex, Discover, Diners, JCB, Carte Blanche) you must notify the respective company of the change.

### ADD / CHANGE / REMOVE CONTACT PERSON

**PLEASE NOTE** that adding a contact to the account allows them access to information on your account.

<input type="checkbox"/> <b>ADD</b>	_____ as the contact on this account.
Please check one <input type="checkbox"/> <b>CHANGE</b>	
<input type="checkbox"/> <b>REMOVE</b>	

PREVIOUS PHONE NUMBER	NEW PHONE NUMBER
PREVIOUS FAX NUMBER	NEW FAX NUMBER

### SIGNATURE AND ACCEPTANCE

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

**X**

\_\_\_\_\_  
AUTHORIZED SIGNER ON ACCOUNT (MERCHANT)

**X**

\_\_\_\_\_  
SIGNER'S NAME (PLEASE PRINT)

**X**

\_\_\_\_\_  
DATE

**X**

\_\_\_\_\_  
SIGNER'S TITLE (PLEASE PRINTER)

