

Merchant Change Form

Merchant ID #: _____

Short Name: _____

Check all that apply:

- ADDRESS CHANGE NAME CHANGE ACH CHANGE*\$15.00 FEE
 RATE CHANGE. Effective Date**: _____ REACTIVATION*\$10.00 FEE (voided check required)
 ** (IF NO DATE LISTED, WILL ASSUME THE 1ST OF THE FOLLOWING MONTH)

Legal Bus. Name of Applicant _____ DBA Name _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____ (No PO Boxes)

Phone () _____ Fax () _____ Phone () _____ Fax () _____

E-Mail Address: _____ Contact Name _____ Business Hours _____

Fed. Tax ID # (EIN) _____ Length Owned _____ Years _____ Months _____ Seasonal? Yes Months Open _____

Type of entity: Proprietorship Corporation LLC Gen Partnership Ltd. Partnership Other _____

AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank is authorized to initiate or transmit automatic credit and/or debit entries to the account identified in the **attached voided check** relating to the following account:

BANK NAME _____ ROUTING # _____ ACCT # _____

(ATTACH A VOIDED CHECK)

PRICING (List only those fees that are changing and/or being added)

Discount Rate % _____ Per Item \$ _____ Retail MOPO TTC Monthly Minimum Discount \$ _____

100% Interchange and Assessments 100% Interchange (No Assessments) Monthly service fee \$ _____ Start Date _____

Network trans V/MC/DINERS/JCB/FLEET\$ _____ Network trans V/MC/DISC\$ _____ Network trans AMEX\$ _____

Voice Auth \$ _____ ARU Auth \$ _____ Monthly service fee \$ _____

Non-Qualified Surcharges: All Visa/MasterCard/Discover interchange downgrades are passed thru. Cross border international transaction assessments/program support, MC network access/brand usage (NABU), Visa US acquirer processing fee (APF) and card association base II and kilobyte fees may apply.

Non-Qualified Surcharge Differential + _____ with Qualified Rewards at pass thru and Check Card Rebates at Full difference

Non-Qualified Mid/Non Mid _____ % Non _____ % with Qualified Rewards at pass thru and Check Card Rebates at _____ %

Miscellaneous Fees:

PIN-Debit Per Item Fee \$ _____ PIN-Debit Monthly Fee \$ _____ PIN-Debit Application Fee \$ _____ EBT Per Item Fee \$ _____

Transaction Central (TC) Set-up Fee \$ _____ TC Monthly Fee \$ _____ TC Plus Per Item Fee \$ _____

Wireless Set-up Fee \$ _____ Wireless Monthly Fee \$ _____ Other\$ _____

AMEX Fees disclosed in the section below are billed by American Express

American Express (AMEX) Discount Rate _____ % or Monthly Flat Fee \$ _____ Monthly Gross Pay Daily Gross Pay

Retail \$0.10 Trans Fee + .30% CNP Downgrade OR Services, Wholesale and All other \$0.15 trans fee

Amex Pay Frequency 3-Day 5-Day 30-Day Annual AMEX Charge Volume \$ _____ Avg AMEX Ticket \$ _____

The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant.

SIGNATURES

Merchant Signature _____ Date _____

Print Name _____

Guarantor _____ Date _____

TransFirst Use Only: Completed By/Date: _____ / _____