

**Merchant
Services**

**Request to Add/Remove
Authorized Account Contact**

Date:

Merchant DBA:	
MID:	
Name of Person Added:	
Job Title:	

New Authorized Account Contact
Signature

Printed Name & Title

Date

By signing this form, I hereby authorize Merchant Services to allow the above named individual to act on my behalf, make changes to, and obtain information regarding the Merchant processing account indicated above. This change will be effective, on-going, as long as I am processing with Merchant Services, or until I notify Merchant Services, in writing, to rescind authorization for the above named individual, whichever comes first.

or;

I rescind this authorization, as of: _____ (Effective Date)

I hereby certify that I am currently the/an authorized account contact/decision maker for the above referenced business / merchant processing account.

Signature

Printed Name & Title

Date

Please fax completed request to (949) 861-4444