



**CHANGE REQUEST FORM**

FAX 904-620-9067  
DBA \_\_\_\_\_

MID# \_\_\_\_\_

TID# \_\_\_\_\_

Change Type <i>Mark the appropriate box</i>	Requirements / Documentation	Department
<input type="checkbox"/> DDA <input type="checkbox"/> Legal Business Name Change <input type="checkbox"/> DBA Name <input type="checkbox"/> Additional Location <input type="checkbox"/> Address Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Processing Method Change (swipe, MOTO, internet) <input type="checkbox"/> Products/Services	New Voided Check or Bank Letter / Merchant Signature Entire New Application Submitted Through Portal / Voided Check Signed letter from merchant/Voided check matching new DBA Add Location Addendum w/ new address and Voided Check Signature of requestor Entire New Application Submitted Through Portal / Voided Check Entire New Application With New Rate Schedule Entire New Application	Underwriting Underwriting Underwriting Underwriting Underwriting Underwriting Underwriting
<input type="checkbox"/> Card Types <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Debit <input type="checkbox"/> Terminal/Processing Equip <input type="checkbox"/> ADD Terminal ID(s) <input type="checkbox"/> Account Closure <input type="checkbox"/> Other	DISC Number: _____ New Add? _____ AMEX Number: _____ New Add? _____ FROM _____ TO _____ New Terminal/Processing Equip Type _____ Merchant Signature Explain: _____	Implementations Implementations Implementations Implementations Implementations Implementations Implementations
<input type="checkbox"/> Monthly Volume <input type="checkbox"/> Average Ticket/High Ticket	Merchant or Risk Analyst Signature: FROM _____ TO _____ Merchant or Risk Analyst Signature: FROM _____ TO _____	Risk Risk
<input type="checkbox"/> Fees <input type="checkbox"/> Discount Rate <input type="checkbox"/> Statement <input type="checkbox"/> Monthly Minimum <input type="checkbox"/> Other	Merchant Signature Required FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____	Management Signature Required For Fee Changes - Then direct to Implementations

**COMMENTS**

\_\_\_\_\_

**Requested By:** CYBERAUTHORIZE 904-564-1228, Ext 204 \_\_\_\_\_

Date: \_\_\_\_\_

**Merchant Signature** \_\_\_\_\_

Date: \_\_\_\_\_

**Underwriting** \_\_\_\_\_  
(For Internal Use Only)

Date: \_\_\_\_\_

**Risk Approval** \_\_\_\_\_  
(For Internal Use Only)

Date: \_\_\_\_\_

**Mgmt. Signature** \_\_\_\_\_  
(For Internal Use Only)

Date: \_\_\_\_\_

**Changed By:** \_\_\_\_\_  
(For Internal Use Only)

Date: \_\_\_\_\_