



**CHANGE REQUEST FORM**  
**FAX COMPLETED FORM TO 866-232-7882**  
**OR E-MAIL TO SUPPORT@PRIORITYPAYMENTSYSTEMS.COM**

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"/> Address Change	New Voided Check or Bank Letter / Merchant Signature Merchant Signature Merchant Signature _____ Physical Location _____ Mailing Address (indicate below)	Underwriting Underwriting Underwriting Underwriting
<input type="checkbox"/> Card Types <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> PIN Debit <input type="checkbox"/> WEX (Wright Express) <input type="checkbox"/> Voyager <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? _____ Must submit WEX Application signed by Merchant FROM _____ TO _____ New Terminal/Processing Equip Type _____ Merchant Signature Explain:	Implementations Implementations Implementations Implementations Implementations Implementations Implementations Implementations
<input type="checkbox"/> Monthly Volume <input type="checkbox"/> Average Ticket <input type="checkbox"/> High Ticket	Merchant or Risk Analyst Signature: FROM _____ TO _____ Merchant or Risk Analyst Signature: FROM _____ TO _____ Merchant or Risk Analyst Signature: FROM _____ TO _____	Risk Risk Risk
<input type="checkbox"/> Fees <input type="checkbox"/> Credit Discount Rate <input type="checkbox"/> Non Pin Debit Discount Rate <input type="checkbox"/> Voyager Discount Rate <input type="checkbox"/> Per item <input type="checkbox"/> Statement <input type="checkbox"/> Monthly Minimum <input type="checkbox"/> BankCard Authorization <input type="checkbox"/> Non-BankCard Authorization <input type="checkbox"/> E-Merchant View <input type="checkbox"/> Other	Merchant Signature Required Qual From _____ TO _____ Mid From _____ TO _____ Non From _____ TO _____ Qual From _____ TO _____ Mid From _____ TO _____ Non From _____ TO _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____	Merchant Signature Required Fee Adds/Increases  - Then direct to Implementations

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Merchant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Underwriting/Risk Mgmt Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (For Internal Use Only)