Card Type Change Form

Merchant Name	
Merchant Number	
Business Phone Number	
Business Fax Number	
E-Mail Address	

Important: The appropriate merchant numbers for each card type must be provided.

American Express *800-528-5200*	Add	Remove	Update
	CID#		
Wex-Voyager	Add	Remove	Update
	MID#		
EBT	Add	Remove	Update
	FNS#		
Wireless	Monthly Fee $ _____	Transaction Fee $ _____	
Gateway	Add Monthly	Remove	Update
	Fee $ _____	Transaction Fee $ _____	
Debit	Include Pin-Based Debit Acceptance in Merchant Setup		Remove Pin-Based Debit
	per item occurrence	*monthly charges*	*surcharge*
	Pin Base Debit $ _____	Debit Access $ _____	Add Surcharge $ _____

_____

Date

_____   _____

Print Name of Authorized Merchant Principal   Signature of Authorized Merchant Principal

Please send signed completed form to support@signaturepayments.com

or via fax ATTN: Customer Service.

If you have any questions, please contact our office.

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signature PAYMENTS