

Contact Add Request Form



Date

Merchant MID

Merchant Name

Please add the following individual(s) as an authorized contact on my merchant account:

Contact Name

Contact Name

Contact Email

Contact Email

Date of Birth

Date of Birth

Last 4 Digits of SSN

Last 4 Digits of SSN

By signing and dating this form, I hereby authorize Signature Payments to release all account information to the individual(s) listed above.

Principal Signature

Print Principal

Date

If you have any questions, please contact our office or email us at support@signaturepayments.com