



MERCHANT CONTACT INFORMATION CHANGE REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.
PLEASE FAX THIS REQUEST FORM TO NEW ACCOUNTS AT (209) 320-2108.
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE
HAS BEEN VERIFIED.**

Thank you for your cooperation.

Merchant Name: _____
Merchant Number: _____
Requestor's Name: _____
Requestor's Phone: _____

CHANGE INFORMATION

BUSINESS PHONE: (____) ____ - ____)

BUSINESS FAX: (____) ____ - ____)

EMAIL ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: (____) ____ - ____)

WEB ADDRESS/URL: _____

Signature of Authorized Principal
(as specified on the Merchant Application/Agreement)

Date

If you should have any questions, please contact our Merchant Services department at (800)909-2124 or email us at help@emerchantprocessing.com