

TransFirst Use Only: Completed By/Date: _

Merchant Change Form (ACCOUNT REINSTATEMENT)

Merchant ID #: Check all that apply:	Short Name:
□ADDRESS CHANGE □NAME CHANGE 💆 ACH CH	HANGE*\$25.00 FEE IVATION*\$10.00 FEE (voided check required)
Legal Bus. Name of ApplicantDBA Name	
Mailing AddressPhysical Address	
CityStateZipCity	(No PO Boxes)
Phone () Fax () Phone ()	Fax ()
E-Mail Address:Contact Name	Business Hours
Fed. Tax ID # (EIN)Length OwnedYearsMonths Se	easonal? □ Yes Months Open
Type of entity: □Proprietorship □ Corporation □ LLC □ Gen Partnership □ Ltd. Partnership □ Other	
AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank is authorized to initiate or transmit automatic credit and/or debit entries to the account identified in the attached voided check relating to the following account:	
BANK NAME	ACCT #
(ATTACH A VOIDED CHECK) PRICING (List only those fees that are changing and/or being added)	
Discount Rate %Per Item \$	inimum Discount \$
☐ 100% Interchange and Assessments ☐ 100% Interchange (No Assessments) Monthly service fee	e \$Start Date
Network trans V/MC/DINERC/JCD/ELEET\$Network trans Y/MC/DISC\$	Alatwork trops AMEX\$
Network trans V/MC/DINERS/JCB/EET\$ Voice Auth \$ Network trans V/MC/DINERS/JCB/EET\$ Network trans V/	NGE5
Non-Qualified Surcharges: All Visa/MasterCard/Discover interchange downgrades are passed thru. assessments/program work the street of the stre	
□ Non-Qualified Surcharge Differential + □ with Qualified Rewards at pa	ass thru and Check Card Rebates at Full difference
Miscel Leou Fax: PIN-Debit Per Item Fee \$PIN-Debit Monthly Fee \$PIN-Debit Application	
Transaction Central (TC) Set-up Fee \$TC Monthly Fee \$	TC Plus Per Item Fee \$
Wireless Set-up Fee \$Other	
AMEX Fees disclosed in the section below are billed by American Express	
American Express (AMEX) Discount Rate% or Monthly Flat Fee \$ Pay	☐ Monthly Gross Pay ☐ Daily Gross
□ Retail \$0.10 Trans Fee + .30% CNP Downgrade OR □ Services, Wholesale and All	other \$0.15 trans fee
Amex Pay Frequency ☐ 3-Day ☐ 5-Day ☐ 30-Day Annual AMEX Charge Volume \$	Avg AMEX Ticket \$
The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant. SIGNATURES	
Merchant Signature	
Print Name	