



PRIMARY CONTACT CHANGE REQUEST

PLEASE **ADD** THE FOLLOWING PERSONNEL TO OUR LIST OF AUTHORIZED PEOPLE

PLEASE CHECK IF PRIMARY CONTACT	
NAME:	TITLE:
PHONE: EXT:	EMAIL:
Authorized to Make Changes	Limited Access Only Not Authorized to Make Changes
SIGNATURE:	
PLEASE CHECK IF PRIMARY CONTACT	
NAME:	TITLE:
PHONE: EXT:	EMAIL:
Authorized to Make Changes	Limited Access Only Not Authorized to Make Changes
SIGNATURE:	
PLEASE CHECK IF PRIMARY CONTACT	
NAME:	TITLE:
PHONE: EXT:	EMAIL:
Authorized to Make Changes	Limited Access Only Not Authorized to Make Changes
SIGNATURE:	
PLEASE DELETE THE FOLLOWING PERSONNEL FROM OUR LIST OF AUTHORIZED PEOPLE	
Request to delete the Hierarchy Admin will result in further review.	
NAME:	TITLE:
NAME:	TITLE:
NAME:	TITLE:
COMPANY NAME:	Merchant ID:
PRINT NAME OF AUTHORIZING INDIVIDUAL:	TITLE:
SIGNATURE:	DATE:

Confirmation of this request will be sent via email to authorizing individual.

**PLEASE FAX COMPLETED FORM TO:
CUSTOMER SERVICE DEPARTMENT 469-675-8731**