

Change of Signer/Beneficial Owner

This Change of Signer/Change of Beneficial Owner Form ("Addendum") will amend the Merchant Services Agreement ("MSA") in effect between CSG Forte Payments, Inc. ("Forte") and Merchant. By signing below, the undersigned certifies the following:

1. Signer is a duly authorized signatory and representative of Merchant;
2. All information provided on this Addendum and supporting documents, including beneficial ownership information, is true and accurate;
3. Merchant authorizes Forte to order a credit report on Merchant and/or any affiliate that is listed on the Addendum or any supporting documents.

*****THIS FORM WILL ONLY ADDRESS THE SIGNER CHANGE - any other account changes would require a different form and would be addressed after the signer update.**

CURRENT MERCHANT INFORMATION ON FILE			
Legal Name:		DBA Name:	
Merchant MID:		Contact Name:	
Contact Phone Number:		Contact Email:	
Existing Signer's Name:		Existing Signer's Title:	
EIN:		Business Ownership Type:	
Reason for change:			

NEW AUTHORIZED SIGNER/OWNER			
Name:		Ownership %:	
DOB:		Title:	
Home Address:		SSN:	
City / State / Zip:	/ /	Country of Citizenship:	
Phone Number:		Email Address:	

NEW AUTHORIZED SIGNER /OWNER			
Name:		Ownership %:	
DOB:		Title:	
Home Address:		SSN:	
City / State / Zip:	/ /	Country of Citizenship:	
Phone Number:		Email Address:	

NEW AUTHORIZED SIGNER/OWNER			
Name:		Ownership %:	
DOB:		Title:	
Home Address:		SSN:	
City / State / Zip:	/ /	Country of Citizenship:	
Phone Number:		Email Address:	

NEW AUTHORIZED SIGNER/OWNER			
Name:		Ownership %:	
DOB:		Title:	
Home Address:		SSN:	
City / State / Zip:	/ /	Country of Citizenship:	
Phone Number:		Email Address:	

NEW AUTHORIZED SIGNER/OWNER			
Name:		Ownership %:	
DOB:		Title:	
Home Address:		SSN:	
City / State / Zip:	/ /	Country of Citizenship:	
Phone Number:		Email Address:	

THE FORM WILL NEED TO BE SIGNED BY ONE OF THE PARTIES LISTED UNDER THE NEW AUTHORIZED/OWNER SECTION OF THE FORM.

PERSON AUTHORIZING THE CHANGE

Signature: _____

Date: _____

Print Name: _____

Title: _____

Merchant understands and agrees to the following:

1. SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOUR REQUEST WILL BE APPROVED;
2. YOU WILL RECEIVE CONFIRMATION VIA EMAIL TO THE AUTHORIZING INDIVIDUAL;
3. Upon signature of a duly authorized signer, this Addendum shall amend and revise the MSA as to the content of this Addendum and all other terms and conditions contained in the MSA or pre-existing amendments thereto, shall remain in full force and effect.

UPON COMPLETION, EMAIL TO accountchanges@forte.net OR FAX TO 469-675-8740

Version 05-2023