



American Express® - Discover® Change Request

Please return this signed and completed form by email to AccountChanges@paya.com or by fax to (703) 991 – 5374

OFFICE INFORMATION

Office ID _____ Rep Name / ID _____ App ID _____ Ticket # _____

MERCHANT INFORMATION

Merchant ID (MID) _____ Address _____

DBA Name _____ City _____

Contact Name _____ State _____

Email Address for Notification of Request Completion _____ Zip Code (+4) _____

Phone _____ Fax _____

ADDITIONAL CARD SERVICES

American Express®		
<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
_____	_____	_____
Action to be taken	Account Number	\$ Per Item Fee

Discover®		
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
_____	_____	_____
Action to be taken		\$ Per Item Fee

Discover® Rates					
_____	_____	_____	_____	_____	_____
Rate 1	Rate 2	Rate 3	Business	Intl / NS	Disc BET #

PLEASE NOTE: Unless otherwise specified above, or on your original Merchant Application in the T & E section, per item fees will be assessed at the same rate as your current V / MC per item fees.

SIGNATURE AND ACCEPTANCE

In accordance with the terms set out above, I authorize the above change(s):

X _____ Signature (Must be Signatory on File)	X _____ Signer's Name (Please Print)
X _____ Signer's Title (Please Print)	X / / Dated

Please allow three (3) to five (5) business days for your request to be completed.



12120 Sunset Hills Rd., Suite 500, Reston, VA 20190 – 5829 | P: (571) 612 – 6000