CHASE ○ ™
Paymentech

Merchant Services ● 4 Northeastern Boulevard, Salem, NH 03079-1952 ● www.chasepaymentech.com ●
Phone: (603) 896-6000 ● Fax: (603) 896-8715 ● Merchant_Services@ChasePaymentech.com
EU Merchant Support ● Block K, East Point Business Park, Dublin 3, Ireland ● www.chasepaymentecheurope.com ●
Phone: +353 1 726 2909 ● Fax: +353 1 889 3156 ● EUMerchantSupport@ChasePaymentech.com

CHARGEBACK MANAGEMENT ACCESS FORM (For New Merchants and Existing Merchants)

Company Name: _____   Company #/No: _____

1. **Please be sure to include the information below for all employees who need to access Chargeback Management.**
2. Access will be granted at the company level for **Chargeback Management** unless otherwise specified.
3. Please fax or email this signed form to the Merchant Services Coordinator (Merchant_Services@ChasePaymentech.com) or EU Merchant Support (EUMerchantSupport@ChasePaymentech.com).
4. _Please note:_ You, the merchant, are responsible for advising Chase Paymentech of changes to Paymentech Online and Chargeback Management contacts. Chase Paymentech assumes no responsibility or liability of any kind for Merchant's failure to advise Chase Paymentech of changes to or elimination of Paymentech Online or Chargeback Management Users

Please be sure to complete all fields below.

Salutation: *Check one:* ☐ Mr. ☐ Ms. ☐ Mrs.

Name: _____   Title: _____

Phone #/No: _____   Fax #/No.: _____
(Include Country code)   *(Include Country code)*

Address: _____

City: _____   State/Prov/County: _____   Zip/Postal Code: _____   Country: _____

Email Address: *(40 bytes)* _____
(username@domain.com)

Does this User have a Paymentech Online User ID?   ☐ Yes ☐ No   If yes, please provide User ID: _____

Does this User require access to: ☐ Chargeback Imaging (CBIS) – *Complete appropriate roles below*

For existing merchants – Is this User replacing an individual with Chargeback Imaging access? ☐ Yes ☐ No
If yes, who? _____

Chargeback Management Roles (CBIS)	☐ IQA (*Manager/supervisor – one who assigns work to MCAs*)	☐ MRQA (*Retail Retrieval Requests Manager/supervisor – one who assigns work to MRAs*). **Required for Retail divisions**
	☐ MCA (*Merchant Analyst – one who works the chargebacks*)	☐ MRA (*Retail Retrieval Requests Merchant Analyst – one who works the retrieval requests* **Required for Retail divisions**

Salutation: *Check one:* ☐ Mr. ☐ Ms. ☐ Mrs.

Name: _____   Title: _____

Phone #/No: _____   Fax #/No.: _____
(Include Country code)   *(Include Country code)*

Address: _____

City: _____   State/Prov/County: _____   Zip/Postal Code: _____   Country: _____

Email Address: *(40 bytes)* _____
(username@domain.com)

Does this User have a Paymentech Online User ID?   ☐ Yes ☐ No   If yes, please provide User ID: _____

Does this User require access to: ☐ Chargeback Imaging (CBIS) – *Complete appropriate roles below*

For existing merchants – Is this User replacing an individual with Chargeback Imaging access? ☐ Yes ☐ No
If yes, who? _____

Chargeback Management Roles (CBIS)	☐ IQA (*Manager/supervisor – one who assigns work to MCAs*)	☐ MRQA (*Retail Retrieval Requests Manager/supervisor – one who assigns work to MRAs*) **Required for Retail divisions**
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For additional Users, please submit additional forms.

I, _____ , _____ verify that the
                       (Print Name)   (Title)*

contact information is accurate, that I have the authority to make such a request and thus it should be used to grant

access for these contacts to Chargeback Management.

                           Signature: _____

                                         *(must be signed by Executive or Financial Contact)