



**FRAUD ENHANCEMENT ACCESS FORM (For New Merchants and Existing Merchants)**

Company Name: \_\_\_\_\_ Company #/No.: \_\_\_\_\_

- Please be sure to include the information below for all employees who need to access Fraud Enhancement.**
- Access will be granted at the company level for **Fraud Enhancement** unless otherwise specified.
- Please fax or email this signed form to the Merchant Services Coordinator ([Merchant\\_Services@ChasePaymentech.com](mailto:Merchant_Services@ChasePaymentech.com)) or EU Merchant Support ([EUMerchantSupport@ChasePaymentech.com](mailto:EUMerchantSupport@ChasePaymentech.com)).
- Please note: You, the merchant, are responsible for advising Chase Paymentech of changes in Fraud Enhancement 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 Fraud Enhancement 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: \_\_\_\_\_

Is this User replacing an individual with Fraud Enhancement access?  Yes  No If yes, who? \_\_\_\_\_

Fraud Enhancement Roles:	<input type="checkbox"/> Card number Filter <i>(The ability to decline transactions based on a specific full card number)</i> <input type="checkbox"/> View Only <input type="checkbox"/> Edit Only <input type="checkbox"/> Supervisor Role (Co level only) <b><i>(Supervisor Role provides both View and Edit ability to all Filters and pushes data changes down through the hierarchy) (Select only one)</i></b>	<input type="checkbox"/> Issuing Country Filter <i>(The ability to decline transactions based on a card issued in a particular country)</i> <input type="checkbox"/> View Only <input type="checkbox"/> Edit Only <input type="checkbox"/> Supervisor Role (Co level only) <b><i>(Supervisor Role provides both View and Edit ability to all Filters and pushes data changes down through the hierarchy) (Select only one)</i></b>
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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) \_\_\_\_\_  
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Phone: +353 1 726 2909 • Fax: +353 1 889 3156 • EUMerchantSupport@ChasePaymentech.com

**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 Fraud Enhancement.

**Signature:** \_\_\_\_\_  
*\*(must be signed by Executive or Financial Contact)*