CHASE ◆
Paymentech

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CHARGBACK MANAGEMENT ACCESS FORM

Company Name: _____   Company #: _____

1.	Please be sure to include the information below for all employees who need to access Chargeback Management. Transaction History will be added at the same level as Chargeback Management.
2.	Please fax this signed form to Merchant Services at 603-896-8715 or email to Merchant_Services@ChasePaymentech.com.

Please be sure to complete all fields below.

☐ Mr. ☐ Ms. ☐ Mrs.   Name: _____   Title: _____

Phone #: _____   Fax #: _____

Address: _____

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

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

Do you have an existing User ID?   ☐ Yes ☐No If yes, provide UserID: _____
Is this Contact's CBIS access to be mirrored?   ☐ Yes ☐No If yes, provide name: _____
Is this User replacing an existing User contact?   ☐ Yes ☐No If yes, provide name: _____
Has current contact left the company?   ☐ Yes ☐No
Account Masking: ☐ First 6/Last 4 *or* ☐ Last 4 *(None selected will default to current company setting)*

Standard access is Company level (includes all BU's and TD's) unless specific BU or TD is selected below: *(select only one)*
☐**Business Unit** *(includes all related TD's)* *Or* ☐ **Transaction Division**
Please specify PBU, BU or TD Numbers _____

Chargeback Management Roles	☐IQA *(Manager/supervisor – one who assigns work to MCAs)*	☐MRQA *(Retail Retrieval Requests Manager/supervisor – one who assigns work to MRAs)*
Indicate all roles that apply	☐ MCA *(Merchant Analyst – one who works the chargebacks)*	☐MRA (*Retail Retrieval Requests Merchant Analyst – one who works the retrieval requests*

Please be sure to complete all fields below.

☐ Mr. ☐ Ms. ☐ Mrs.   Name: _____   Title: _____

Phone #: _____   Fax #: _____

Address: _____

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

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

Do you have an existing User ID?   ☐ Yes ☐No If yes, provide UserID: _____
Is this Contact's CBIS access to be mirrored?   ☐ Yes ☐No If yes, provide name: _____
Is this User replacing an existing User contact?   ☐ Yes ☐No If yes, provide name: _____
Has current contact left the company?   ☐ Yes ☐No
Account Masking: ☐ First 6/Last 4 *or* ☐ Last 4 *(None selected will default to current company setting)*

Standard access is Company level (includes all BU's and TD's) unless specific BU or TD is selected below: *(select only one)*
☐**Business Unit** *(includes all related TD's)* *Or* ☐ **Transaction Division**
Please specify PBU, BU or TD Numbers _____

Chargeback Management Roles	☐IQA - *Manager/supervisor – one who assigns work to MCA's*	☐MRQA - *Retail Retrieval Requests Manager/supervisor – one who assigns work to MRA's*
Indicate all roles that apply	☐ MCA - *Merchant Analyst – one who works the chargeback's*	☐MRA - *Retail Retrieval Requests Merchant Analyst – one who works the retrieval requests*

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 access Transaction History and/or Report Center. You, the merchant, are responsible for advising Chase Paymentech of changes to Paymentech Online 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 Users.

Signature: _____

*(must be signed by Executive or Financial Contact)