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

Addendum for Application for Credit Card Processing Service Agreement/New Division Request

Date: _____   Company ID#: _____

Projected Live Date: _____

Section 1: Company Information

Company Legal Name: _____

Contact Name: _____   Phone #: _____

Fax #: _____   Email Address: _____

Transactions processed for this new set up request belong to:

Merchant whose company legal name is represented above…
          OR
An Additional Company whose legal name is: _____   and is a   ☐   wholly-owned

☐ partially owned   ☐ affiliate   ☐ registered DBA or   ☐ Other   (explain:) of the merchant noted above.

On behalf of _____

          (Company Legal Name)

     I, _____,   _____,
               (Print Name)   (Title)

     verify that the account set-up information is accurate, that I have the authority to make such a request and
     thus, it should be used to set up an additional account for our company.

Section 2: Business Unit *(if different from division name)*

Parent Business Unit Name (if applicable): _____	*(up to 30 bytes)*	Parent Bus.Unit # (if applicable): _____
Business Unit Name:	*(up to 30 bytes)*	**Business Unit #:**

Section 3: Funding *(if new banking see section 9)*

If funds should be deposited to an existing bank account please complete the following:

If USD or CAD, will funds be deposited into your existing Bank Account set up with Chase Paymentech? ☐ Yes or ☐No

If yes, Bank Account # _____   *(Section 9 does not need to be completed)*

If funds should be deposited to an existing funds transfer instruction please complete the following:

If USD or CAD, will this division utilize an existing Funds Transfer Instruction (FTI)?☐ Yes or ☐No **If no,** *a new FTI will be created.*

If yes, provide FTI # _____   *(Section 9 does not need to be completed)*

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Section 4: 1099K Contact Information *(W-9 required if new US entity and/or taxpayer ID, W-8 required for Canadian entities)*

Transaction Division's Taxpayer ID #/No. _____   *or*   Same as Corporate Yes ☐ No ☐
(As shown on your Income Tax Return)

1099K Contact Name _____   1099K Contact email address : _____

This is the contact that will receive the 1099K mailing to the address listed on the W-9 supplied (only required if different than Corporate)

Section 5: Transaction Division

Division Name: _____   *(up to 30 bytes - this will appear on your Financial Reports)*

Currency *(list only 1 each per division)*:   Settlement: _____   Presentment: _____

*** If using our Cross Currency Product – please provide both the Presentment and the Settlement Currencies***

- The following field appears on the customer's statement and identifies the merchant name for the consumer and credit card organizations. To further aid consumer recognition, Visa has sanctioned the abbreviation of the merchant name. It must be separated from product information by an asterisk (*), which must appear in the 4th, 8th or 13th position. **The asterisk cannot be used for Retail Merchants.** Internet service providers, e-commerce merchants may utilize a URL instead of Customer Service Phone if not processing any Mail-order transactions (URL must only be 13 bytes)

Cardholder Descriptor *(For all card types with the exception of American Express):*
```
  *         *         *
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   (22 bytes)
```

Customer Service Phone #:   [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   *(13 bytes)*
(Required for Mail Order or Recurring)

City: *(Required for Retail)*   [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   *(13 bytes)*

URL: *(optional, if phone# provided above)*   [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   *(13 bytes)*

Division Location Address: _____   **Country:** _____
(Must be a street address, PO Boxes not acceptable)

City: _____   **State/Prov:** [ ][ ]   **Zip Code (US):** [ ][ ][ ][ ][ ]
(For Retail-City above must match City Location)

Postal Code (Intl): [ ][ ][ ][ ][ ][ ][ ]   **Postal Code (Can):** [ ][ ][ ][ ][ ][ ]   *(6 bytes)*
(State/Province and Postal/Zip codes must match the address given above)

Product/Service Description *(Enter product description, i.e. clothing, books, membership)*   [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Publication Descriptor *(Please provide **only** if required by your submitter):*   [ ][ ][ ][ ]

Merchant Category Code (MCC): [ ][ ][ ][ ]
(Please provide MCC utilized for previous processing (this will be used when considering your MCC in conjunction with the product/service description)

Avg. Trans. $ Amt: _____   Avg. # Trans./Yr: _____   Projected Refund % _____

How do you market this product? *(Check only those that apply to this division)*

☐ Catalog ☐ Direct Mail ☐ Internet ☐ Space Ad ☐ TV ☐ Outbound Telemarketing ☐ Other

How will consumers provide credit card information to you when they <u>order</u> this product?   *(Select only one):*

☐ Retail ☐ Mail/Phone *(Marketing Material Required)* ☐ Internet *(Please provide your URL):* http://

If internet is selected and the website is not yet available to consumers please complete a Marketing Material Supplement form which you may obtain from Merchant Services or your account executive.

If Internet, please advise: *Select one:* ☐ SSL   ☐ SET   ☐ No encryption method

Will the consumer be able to place their order and provide their credit card info (or electronic check info)
through this website? ☐ Yes   ☐ No

Is the web site secure, i.e., will the information that the consumer provides, such as their name and
credit card number be encrypted so that it can't be read or intercepted by other people? ☐Yes ☐No

Maximum Sale Transaction Amount: $ _____ *(Default $25,000 U.S. dollars or established international currency equivalent per transaction)*

Maximum Refund Transaction Amount: $ _____ *(Default $25,000 U.S. dollars or established international currency equivalent per transaction)*

(Approval will be required for any temporary or permanent increases to this ceiling limit).

Please check the consumer's payment option for this division: *(Select only one):*

☐Single payment ☐Installment payments ☐Deferred payments ☐Recurring *(transactions managed by merchant/submitter)*

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Section 5: Transaction Division (continued)

Please check below if applicable:

☐ Bill Payment (*A Bill Payment transaction is a transaction for an ongoing service/billing cycle that is known and agreed upon in advance by the merchant and cardholder. i.e. Membership or Insurance, etc.*)

Do you stock product?   ☐ Yes ☐ No   Do you provide custom orders at time of sale?   ☐ Yes ☐ No

Do you own the product at the time of sale? ☐ Yes ☐ No

Do you drop ship the product? ☐ Yes ☐ No   If yes, what %: _____

Are you filling your own merchandise orders? ☐ Yes ☐ No

If no, who is your fulfillment service bureau? _____

Fulfillment Contact: _____   Phone # : _____

Section 6: Chargeback Contact: *(required)* IQA (*Manager/supervisor – one who assigns work to MCAs*)
MRQA (*Manager/supervisor – one who assigns work to MRAs*)
NOTE: This contact may receive any exception documents that may need to be mailed or faxed, if not participating in Chargeback Management this will be the default contact for Chargeback Mailing *(second contact will not be required)*

Location: ☐ Merchant ☐ Submitter ☐ Fulfillment *(check one)* If Submitter/Fulfillment, Name: _____

☐ Mr. ☐ Mrs. ☐ Ms.   First Name: _____   Last Name: _____

Title: _____   Phone #: _____   Ext: _____

Fax #: _____   Alternate Fax #: _____

Email Address: _____

Address: _____

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

Will this contact require access to: Transaction History ☐ Report Center ☐ both ☐ ?

Account Masking? ☐ First6/Last4 or ☐ Last 4 *(select only one)*

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

Chargeback Contact: *(required)* MCA (*Merchant Chargeback Analyst – one who works the chargeback's*)
MRA ((*Merchant Retrieval Analyst – one who works the retrievals*)

☐ Same as above *(check here if the MCA/MRA Contact is the same as the IQA/MRQA contact)*

Location: ☐ Merchant ☐ Submitter ☐ Fulfillment *(check one)* If Submitter/Fulfillment, Name: _____

☐ Mr. ☐ Mrs. ☐ Ms.   First Name: _____   Last Name: _____

Title: _____   Phone #: _____   Ext: _____

Fax #: _____   Alternate Fax #: _____

Email Address: _____

Address: _____

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

Will this contact require access to: Transaction History ☐ Report Center ☐ both ☐ ?

Account Masking? ☐ First6/Last4 or ☐ Last 4 *(select only one)*

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

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Section 7: Products and Services

Please indicate if you will be using any of the following additional services. Please note that some of these services May require an additional contract addendum and/or information if you currently do not have the service. *(For information on these services, please contact your Chase Paymentech Relationship Manager)*

1. ☐ Authorization Recycling

   # of recycle attempts: _____   *(Default is 3 if left blank)*   # of days between attempts: _____   *(Default is 3 if left blank)*

   Output Options: ☐ Total *(recommended)*   ☐ Standard

2. ☐ MC/IM/UKDM/SW SecureCode

3. ☐ Account Updater (US Only, Canada & UK Only):

   ☐ Submitting or ☐ Extracting *(if extracting Indicate # of Days:* _____ *(1-180 days) (if Orbital Gateway*

   For UK-Account Updater Visa EU Merchant ID required _____

Section 8: Methods of Payments

☐ Visa   ☐ MasterCard
*(As a default Discover will be enabled **except** for those merchants that are retained by Discover, or do not have a company location address in the United States. As a default Discover Diners and JCB are enabled whenever Visa and MC are enabled.)*
☐ Discover Canada *(CAD only)*   ☐ Discover Diners Canada *(CAD only)*

☐ Private Label vendor: _____

Private Label attributes _____   *Please supply attributes for Private Label Vendor*
(Please work with your Vendor to obtain these attributes – for example – HRS Household – Please provide Credit Plan #)

☐ Discover *(conveyed only) (US only)*   SE# [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   *(15 bytes)*

☐ American Express *(conveyed)*   SE# [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   *(10 bytes)*

*As a rule: (US SE should begin with "1-8", International SE should begin with a "9", Canadian SE should begin with a "93", International SE valid on **some** cross currency divisions dependent on presentment currency)*

AMEX Parameter Information

Cardholder Descriptor: *(Appears on your American Express cardholder statement)(All other card types use descriptor in Section 5)*

[ ]   *(20 bytes)*

TAA #1: _____   *(22 bytes)*   TAA #2: _____   *(22 bytes)*
TAA #3: _____   *(22 bytes)*   TAA #4: _____   *(22 bytes)*

Do you support American Express Partial Auths?
American Express -   Yes ☐   No ☐

For American Express Only, if yes – please select the following applicable option:
Auth and Balance Return   ☐   Partial Auth ☐   Both ☐

How have you been classified as a merchant by American Express?:   *(please select one)*
Aggregator ☐   Petroleum ☐   or Neither ☐

☐ **Electronic Check Processing Parameter** *(US and Canadian only)*

Company Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   *(16 bytes)*

Item Description: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   *(10 bytes)*

Preferred Delivery Method: *(select only one)*

   ☐ Best Possible (*US only*)   ☐ Facsimile Draft (*US only*)   ☐ ACH/EFT (*US & Canada*)

Redeposit Parameter? ☐ Yes ☐ No   Indicate # of Days: _____   The default is "1"

How do you obtain authorization from consumers? *(Select only one)*   ☐ Written consent ☐ Telephone ☐ Internet

ECP Maximum Sale Transaction Amount: _____   (If blank, these amounts will default to match the Bank Card Transaction Amounts. Enter an amount here only if the Maximum Sale and Refund amounts for ECP should be different than Bank Card)

ECP Maximum Refund Transaction Amount: _____   (If blank, these amounts will default to match the Bank Card Transaction Amounts. Enter an amount here only if the Maximum Sale and Refund amounts for ECP should be different than Bank Card)

(Approval will be required for any temporary or permanent increases to this ceiling limit).

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Section 8: Methods of Payment (continued)

☐ **PINless Debit** *(Not applicable for retail merchants)*

Please select the network vendors that you have approval from: NYCE ☐   STAR ☐   Pulse ☐   Accel ☐

☐ **PIN Based Debit** *(Applicable to retail merchants only)*

PIN BASED DEBIT   Requires a PIN Pad – please complete **section 9,** entitled **"Will you be using a Point-of-Sale terminal (US and Canada only) or Point-of-Sale software?"**

If checked above, this division will be setup for the following network vendors with the exception of EBT:
(Pulse, NYCE, STAR, Interlink, Maestro, ACCEL, Alaska Options, Jeanie, AFFN, CU24)

EBT required: Yes ☐ or No ☐ ? FCS# required if processing food stamp transactions: _____

☐ **Gift Card** *(U.S. only)*

☐ **Bill Me Later®** payment option *(US only)*

☐ **UK Maestro** *fka* Switch *(GBR currency with UK Location only)*

☐ **International Maestro** *Available in EUR, GBP (UK Location not applicable)and USD currencies*
Current Allowable Countries – *Austria, Belgium, France, Germany, Ireland, Italy, Luxembourg, Netherlands and United Kingdom (Euro & US Currency only)*

☐ **European Direct Debit**
For EURO only: *(Valid only for Euro currency divisions)*
Descriptor [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   ***(16 bytes)***
Default will be the first 16 characters of your Cardholder Descriptor unless otherwise noted

Please select country(s) in which you will offer Direct Debit:
AT (Austria) ☐   *BE (Belgium)* ☐   *DE (Germany)* ☐   *NL (Netherlands)* ☐   *FR (France)* ☐

For GBP only: *(Valid only for GBP currency divisions)*
Descriptor [ ][ ][ ][ ][ ][ ][ ]   ***(7 bytes)***
Default will be the first 7 characters of your Cardholder Descriptor unless otherwise noted
Country: UK ☒
Redeposit Parameter? ☐ No ☐ Yes   Indicate # of days: _____   The default is "1"

☐ **PayPal** *(Valid for US currency only)*
Payer Email Address: _____
(32 character limit) (must be a unique email address belonging to the merchants business and must be working at the time of account creation.
Note*: No two accounts or divisions can share the same Payer email address.)*
Customer Service Email Address: _____
(127 character limit)
Primary Contact Name: _____   Phone: _____   Email: _____
Descriptor : [P][A][Y][P][A][L][*][ ][ ][ ][ ][ ][ ][ ]   ***(18 bytes)***
Business Name: _____   Customer Service Phone# _____   *(Optional)*
(75 character limit and must not contain the following characters &, <, *and* >.)
Sales Venue: ☐ eBay ☐ Other Marketplace   ☐ My own Website(include http:) _____   ☐ *Other*
Avg.Transaction Price*:* $ _____   Avg. Trans/Yr*:* _____   Percent of Annual revenue from online sales: ____ %
Authentication Method: (*the method by which you (the merchant) will authenticate your customer with PayPal – you must choose only one*)
PayPal Direct ☐   Cardinal Commerce Centinel ☐ *(**if Cardinal Commerce** is involved, please complete the following):*
Are you using Ecometry or CommercialWare Software to facilitate your Paypal Integration?   Yes ☐   No ☐
Time Zone *(based on merchant's location)* : _____   SSL Security: (check one)   HTTP ☐ or HTTPS ☐
Tech Contact Name: _____   Phone: _____   Email Address: _____

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Section 9: Processing Method

Who will be submitting transactions to Chase Paymentech?

☐ Merchant   ☐ Other   Co. Name: _____   *(i.e. fulfillment co. or ECommerce provider)*

If known, please provide the Presenter ID # (PID): _____   or Submitter # (SU): _____

☐ **1. Will you be submitting transactions from a computer system?** _____

What is the name of the manufacturer and model of your computer platform? _____

What is the name of the manufacturer and model of your modem? _____   ☐ Internal ☐ External

Will you be coding to Chase Paymentech specifications?   ☐ Yes   ☐ No
Will you use NetConnect Batch for Connectivity?   ☐ Yes   ☐ No
Will you use NetConnect for connectivity for online authorization only?   ☐ Yes   ☐ No
If yes, NetConnect Contact Name: _____   Email: _____
UserId *(if existing)*: _____   Phone: _____

If applicable, name the software vendor and application you will be using to format your files: _____

☐ **2. Will you be using the Orbital Payment Gateway?** *If this is the first division using the Orbital Payment Gateway, please contact your Relationship Manager*

Primary Contact*: _____   UserID *(if existing)* _____
Address: _____
City: _____   State: _____   Zip/Postal Code: _____   Country: _____
Phone: _____   Email *(required)*: _____

Primary contact must be the merchant contact for security needs.

Auto-Settle Time: _____   ☐ AM or ☐ PM   *To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle.*
(If Blank – default will be no auto settle time)

Merchant Time Zone: _____   *Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)*

Profile Management required?   If Yes   Level of access: ☐ *Merchant **or** ☐ **Chain *(select one, default is Merchant)*
*Merchant level – only requested divisions are available. **Chain level - every new division created will automatically be available*

VT Import Functionality? ☐ Yes ☐ No

Auth Recycling? ☐ Yes ☐ No # of Recycle Attempts: _____   *(Default is 3)* # of Days between attempts: _____

☐ **3. Will you be using: ☐ Paypal/Verisign ☐ CyberSource**

☐ **4. Will you be using the iTerminal?** *(retail divisions only)*

Primary Contact*: _____   UserID *(if existing)* _____
Address: _____
City: _____   State: _____   Zip/Postal Code: _____   Country: _____
Phone: _____   Email *(required)*: _____

Primary contact must be the merchant contact for security needs.

Auto-Settle Time: _____   ☐ AM or ☐ PM   *To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle.*
(If Blank – default will be no auto settle time)

Merchant Time Zone: _____   *Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)*

Magtek Reader Needed? ☐Yes ☐No If Debit, PinPad Needed? ☐Yes ☐No If Yes, NBS7100☐ or Verifone SC5000☐
(If Yes, Magtek Readers are purchase only)   *(iTerminal is only certified to utilize the above PinPads and are purchase only)*

Section 9: Processing Method (continued)

☐ **5. Will you be using a Point-of-sale terminal (US & Canada only) or Point-of-Sale software?**

Point of Sales Software:

POS/Software Name: _____   Host Capture ☐   Terminal Capture ☐

Connectivity: Dial ☐ NetConnect ☐ *(If NetConnect see requirements below)*

If NetConnect: Where is your software hosted/configured? Corporate location☐ or Division location☐

NetConnect Contact Name: _____   Email address: _____

UserId if existing: _____   Phone: _____

PIN Pad Type and quantity?*(for PIN BASE DEBIT Only)* _____   Quantity: _____

Is PIN Pad Existing ☐ or PIN Pad Purchase Needed☐

Injection – Will you be using the Chase Paymentech Encryption Key ☐ or you do own your own Encryption Key? ☐

Who will be injecting the Encryption Key into your PIN Pad?   Please select one below :

☐ Chase Paymentech Solutions   ☐ Other   Vendor Name: _____

Equipment/Terminals:

Will you   ☐ Purchase? ☐ Rent? (US Only)   If purchase or rent, date needed by: _____

☐ Use existing equipment? ☐ Yes ☐ No   Terminal quantity? _____   Printer quantity? _____

Terminal/Equipment Type: _____   Printer Type: _____

Host Capture ☐ Terminal Capture ☐

Connectivity: Dial ☐ NetConnect ☐ Wireless ☐   *(If NetConnect see requirement below)*

NetConnect Contact Name: _____   Email address: _____

UserId if existing: _____   Phone: _____

PIN Pad Type and quantity? *(for PIN BASE DEBIT Only)* _____   Quantity: _____

Is PIN Pad Existing ☐ or PIN Pad Purchase Needed☐

Injection – Will you be using the Chase Paymentech Encryption Key ☐ or you do own your own Encryption Key? ☐

Who will be injecting the Encryption Key into your PIN Pad?   Please select one below:

☐ Chase Paymentech Solutions   ☐ Other   Vendor Name: _____

Store Phone #: _____   Terminal Line Phone #: _____   Dial Out Prefix *(9,8,5):* _____

Customer Service Phone # (if different then Store Phone #) _____

Equipment/Kits/Imprinters Ship To Address (if different than store location) Please ensure a contact will be available to accept shipment: **Attention to**: _____

Default will be Store Manager

Street Address: _____

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

Ship to contact's phone#: _____   Ship to contact's email: _____

Store Opening Date: _____   Special Requirements: _____

Do you require a "re-program" kit? *(overlay, quick reference guide, etc.)* Yes☐ No☐

Do you require an Imprinter? ☐Yes ☐No **Type of Imprinter required:** With Dater ☐ or Without Dater ☐

Do you require an Imprinter Plate? ☐Yes ☐No

Do you require a Welcome Kit? *(this includes sales drafts, credit drafts, etc)* Yes☐ No☐

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Note: When setting up multiple bank accounts, please complete a separate form for each.

Section 10: Bank Account Information

Check only one of the 7 options below	Settlement Currency in which we will fund to you	Deposit (Country where your Bank Acct Resides)	Complete all sections listed:
Option #1 ☐	USD	USA *(See section A Note section)*	A, E
Option #2 ☐	CAD	CAN	B1 to B3, E
Option #3 ☐	USD	CAN	B1 to B3, D3, D4, E
Option #4 ☐	USD	Int'l _____ (list country funds are being deposited in)	C1 to C3, D1, D3, D4, E
Option #5 ☐	☐Euro, ☐GBP, ☐ JPY, ☐AUD, ☐HKD, ☐DKK, ☐CHF, ☐NOK, ☐SEK, ☐NZD, ☐ZAR	Euro Bank or <u>SAME</u> as presentment/settlement currency	C1 and/or C2, C3, E
Option # 6 ☐	☐Euro, ☐GBP, ☐ JPY, ☐AUD, ☐HKD, ☐DKK, ☐CHF, ☐NOK, ☐SEK, ☐NZD, ☐ZAR, ☐USD	If <u>DIFFERENT</u> than Settlement Currency Int'l _____ (list country funds are being deposited in)	C1 and/or C2, C3, D1 and/or D2, D4, E
Option #7 ☐	☐Euro, ☐GBP, ☐ JPY, ☐AUD, ☐HKD, ☐DKK, ☐CHF, ☐NOK, ☐SEK, ☐NZD, ☐ZAR	CAN	B1 to B3, D1, D4, E

Section A: US Bank Account Information

(select preferable method of transfer)

☐ ACH Transfer   **(required even if not selected)**   *(ABA #)*

☐ Wire Transfer *(See Note)*   *(Fedwire#)*

☐ BIC/Swift Transfer *(See Note)*   *(Swift Code: 8 to 11 bytes)*

Please Note: BIC/Swift code is required if your division is located outside of the US or Canada and is settling funds in USD. Wire transfer requires both ACH ABA Routing# and Fedwire#.

Special Wire Instructions: (60 bytes)

Bank Account #: _____ Company Name: *(As appears on Bank Account)* _____

Financial Institution Name: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: **United States**

☐ Checking   OR   ☐ Savings

Section B: Canadian Bank Account Information: Transfer Method EFT Only

B1	Institution Number:				EFT Branch Transit Number:					

B2   BIC/Swift Code: (8 to 11 bytes)   (required if settlement is USD)

B3   Bank Account # _____ Company Name: *(As appears on Bank Account)* _____

Financial Institution Name: _____

City: _____ Province: _____ Postal Code: _____ Country: **Canada**

☐ Checking   OR   ☐ Savings

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Section C: International Final Destination Bank Account Information											
Account Where Your Funds are Deposited											
C1	**BIC/Swift Code: (8 to 11 bytes)**										
C2	CHAPS Sort Code: (Required in Great Britain Only)										

C3   IBAN/Bank Account # _____

(IBAN required for all Banking located in European Union Countries)

Company Name: *(As appears on Bank account)* _____

Financial Institution Name: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Special Wire Instructions: (60 bytes) _____

Section D: Corresponding/Clearing Bank Information											
Note: For Int'l Deposits going through J.P. Morgan Chase in London, Intermediary is not required. Complete Section "C" only											
D1	**BIC/Swift Code: (8 to 11 bytes)**										
D2	CHAPS Sort Code: (Required in Great Britain Only)										
D3	Wire Transfer: (USA Only)							(Routing #)			
D4	Financial Institution Name:										

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

Special Wire Instructions: (60 bytes) _____

Section E: Signature

"On behalf of _____ I, _____ , represent and warrant
                  (Merchant Legal Name)   (Print Name)

that I have the authority to add banking information and I verify that the above banking information is accurate and should be used to transfer funds accordingly."

_____   _____   _____
Authorized Signature*   Title   Date
(*Must be signed by Executive or Financial Contact)

Note: In order to process this request, please attach an original voided check (starter check or bank statements not applicable) or a bank letter of verification.

ATTACH VOIDED CHECK HERE

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Section 11: Report Center and Transaction History Access Form

1. **Please be sure to include the information below for additional contact that requires access to Transaction History and/or Paymentech Online Report Center.**
2. Report delivery will be web based via Paymentech Online.
3. Please note: You, the merchant, are responsible for advising Chase Paymentech of changes in 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.

Please be sure to complete all fields below.

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

Name: _____ Title: _____

Phone #: _____ Fax #: _____

Address: _____

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

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

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

Does this User require access to: ☐ Reporting ☐ Transaction History ☐ Both   Account Masking ☐ Yes ☐ No

For existing merchants – Is this User replacing an individual with Paymentech Online Access? ☐ Yes ☐ No

If yes, who? _____ Has this individual left the company? ☐ Yes ☐ No

For existing – Is this User's access to be mirrored like another User Paymentech Online Access? ☐ Yes ☐ No

If yes, who? _____

Account Masking? ☐ First6/Last4 or ☐ Last 4 *(select only one)*

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

Name: _____ Title: _____

Phone #: _____ Fax #: _____

Address: _____

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

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

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

Does this User require access to: ☐ Reporting ☐ Transaction History ☐ Both   Account Masking ☐ Yes ☐ No

For existing merchants – Is this User replacing an individual with Paymentech Online Access? ☐ Yes ☐ No

If yes, who? _____ Has this individual left the company? ☐ Yes ☐ No

For existing – Is this User's access to be mirrored like another User Paymentech Online Access? ☐ Yes ☐ No

If yes, who? _____

Account Masking? ☐ First6/Last4 or ☐ Last 4 *(select only one)*

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 the Report Center.

Signature: _____

***(must be signed by Executive or Financial Contact)**

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