CHASE Paymentech

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New Merchant Account Set-up Form

Date: _____

FAX TO: (603) 896-8177   Projected Live Date**:** _____

ATTN: Sales Support Specialist

Chase Paymentech Sales Contact: _____

Please contact your Chase Paymentech Sales Representative or the Sales Support Specialist for assistance in any of the following areas:

- Completing this Set-up Form

- If your account will require multiple processing divisions (i.e. merchant #s) and/or bank accounts

- For an electronic version of this form.

Section 1: Corporate Information

Company Legal Name: _____

Company URL: http:// _____

Doing Business As: _____   Nature of Business: _____

Canadian Registered DBA: _____

Corporate Street Address: _____

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

Phone #: _____   Fax #: _____

Section 2: Your Monthly Financial Reporting Cycle

☐ Calendar   *(Please proceed to Section 3)*   ☐ Fiscal   *(Please enter all month end dates below)*

Year: _____

| Jan: _____ | Feb: _____ | Mar: _____ | Apr: _____ | May: _____ | Jun: _____ |
| Jul: _____ | Aug: _____ | Sep: _____ | Oct: _____ | Nov: _____ | Dec: _____ |

Year _____

| Jan: _____ | Feb: _____ | Mar: _____ | Apr: _____ | May: _____ | Jun: _____ |
| Jul: _____ | Aug: _____ | Sep: _____ | Oct: _____ | Nov: _____ | Dec: _____ |

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Section 3: Company Contacts

Executive Contact

(The primary person to whom we will communicate regarding the merchant account, including but not limited to, contractual and general business information. In addition, the Executive Contact is authorized to request and sign for all banking changes and access for their internal contacts to our Paymentech Online application.

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

Title: _____   Phone #: _____   Ext: _____

Fax #: _____   Alternate Fax #: _____

Email Address: _____

Address: ☐ Same as corporate address   ☐ Other: _____

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

Other Mailing Address (i.e. P.O. Box): _____

Finance Contact

(The person from whom we can obtain company financial information and who is authorized to request and sign for all banking changes and access for their internal contacts to our Paymentech Online application.).

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

Title: _____   Phone #: _____   Ext: _____

Fax #: _____   Alternate Fax #: _____

Email Address: _____

Address: ☐ Same as corporate address   ☐ Other: _____

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

Other Mailing Address (i.e. P.O. Box): _____

Reserve Report Contact

(If a reserve is applicable to this account, the person who will receive monthly reserve reports).

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

Title: _____   Phone #: _____   Ext: _____

Fax #: _____   Alternate Fax #: _____

Email Address: _____

Address: ☐ Same as corporate address   ☐ Other: _____

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

Other Mailing Address (i.e. P.O. Box): _____

Technical Contact   *(The person to contact with technical issues).*

Location: *(check one)*   ☐ Merchant   ☐ Submitter   ☐ Fulfillment

If Submitter/Fulfillment, Name: _____

Title: _____   Phone #: _____   Ext: _____

Fax #: _____   Alternate Fax #: _____

Email Address: _____

Address: ☐ Same as corporate address   ☐ Other: _____

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

Other Mailing Address (i.e. P.O. Box): _____

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Section 4: Business Unit

Business Unit Name (if different than division name):   (up to 30 bytes)

Parent Business Unit Name (if applicable):   (up to 30 bytes)

Section 5: 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.
(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 6: Transaction Division

Transaction Division Name: *(up to 30 bytes) (This will appear on your Financial Reports)*

Currency *(list only 1each 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 #:
(Required for Mail Order or Recurring)

| | | | | | | | *(13 bytes)* |

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**: | | | *(2 bytes)*   **Zip Code (US):** | | | | | | *(5 bytes)*

Postal Code (Intl): | | | | | | | **Postal Code(Can):** | | | | | | *(6 bytes)*

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: Project Refund %

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Section 6: Transaction Division Continued…

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 **order** 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 only one:* ☐ SSL ☐ SET ☐ No encryption method

Can a consumer place their order and provide 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 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)*
Please check 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.)*

Section 7: 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.

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)*

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)*

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Section 8: 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 SecureCode   ☐ UKDM 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 9: 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 will be 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 6)*

[ ]   *(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?   Yes ☐ or 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? *(Check 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 9: Methods of Payments Continued…

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

PIN BASED DEBIT requires a PIN Pad – please complete **section 10 entitled "Will you be using a Point-of-sale terminal (US & 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:

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

Please check off the network vendors that you have approval from: NYCE ☐   Star ☐   Pulse ☐   Accel ☐

☐ **Gift Card** *(US only)*

☐ **Bill Me Later®** payment option *(US 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 from below which country(s) 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 divisions 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 # _____

(75 character limit and must not contain the following characters &, <, and >.*)*
Sales Venue: ☐ eBay   ☐ Other Marketplace   ☐ My own Website   ☐ Other
                                                                            (include http:)

Avg Trans Price: $ _____   Avg Trans/Yr: _____   Percentage 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 ☐ or No ☐
Time Zone *(based on merchant's location)*: _____   SSL Security: *(check one)*   HTTP ☐ or HTTPS ☐
Tech Contact Name: _____   Phone: _____   Email: _____

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Section 10: 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 _____   Email Address: _____

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?**

Primary Contact: _____   Phone: _____

Address: _____

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

Email (*required*): _____   *Primary contact MUST be the merchant contact for security needs.*

Auto-Settle Time: _____   ☐ AM or ☐ PM   To meet 10 pm ET Host window, this should be set no later than 8 pm ET to allow Gateway to settle.

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

Profile Management required?   ☐Yes or ☐No   Level of access: ☐ Merchant **or** ☐ Chain *(select one, default is Merchant)*

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.*

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)*

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Section 10: Processing Method Continued…

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

<u>**Point-of-Sale Software:**</u>

POS Software Name: _____   Host Capture ☐   Terminal Capture ☐

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

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

 NetConnect Contact Name: _____   Email address: _____

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

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 option below*

☐ Chase Paymentech Solutions ☐ Other -- Vendor Name: _____

<u>**Equipment/Terminals**</u>:

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 ☐ Wireless ☐ NetConnect ☐   *(If NetConnect, see requirement below)*

NetConnect Contact Name: _____   Email address: _____

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

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 option below*

☐ Chase Paymentech Solutions ☐ Other -- Vendor Name: _____

Manager/Contact Name: _____   Phone #: _____   Fax #: _____

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

Customer Service Phone# (if different from Store Phone #): _____

Equipment/Kits/ Imprinters Ship To Address (if different from division location): **Attention to:** _____

Please ensure a contact will be available to accept shipment   *(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? (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 11: 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	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 only one method of transfer)

☐ ACH Transfer | | | | | | | | | | *(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	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	Sort Code: (Required in Great Britain Only)	
D3	Wire Transfer: (USA Only)	(Fedwire#)
D4	Financial Institution Name:	

City: State/Province: Postal Code: 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 and bank statements not applicable) or a bank letter of verification.

ATTACH VOIDED CHECK HERE

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Section 12: Report Center and Transaction History

1. **Please be sure to include the information below for all employees who need to access Transaction History and/or Paymentech Online Report Center.**
2. Report delivery will be web based via Paymentech Online.
3. Access will be granted at the company level for Transaction History, and/or Reporting unless otherwise specified.
4. *Please note*: You, the merchant, are responsible for advising Chase Paymentech of changes in Paymentech Online and 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 No (Include Country Code): _____   Fax No: _____

Address: _____

City: _____   County: _____   Post Code: _____   Country: _____

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

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

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

Does this User require access to: ☐ Reporting ☐ Transaction History or ☐ Both

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

Name: _____   Title: _____

Phone No (Include Country Code): _____   Fax No: _____

Address: _____

City: _____   County: _____   Post Code: _____   Country: _____

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

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

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

Does this User require access to: ☐ Reporting ☐ Transaction History or ☐ Both

Section 13: Report Center and Transaction History Access Form

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.

Date: _____   **Signature:** _____

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