



App ID \_\_\_\_\_

SAGE PAYMENT SOLUTIONS

# CHARGEBACK NOTIFICATION CHANGE FORM

Fax requests to (703) 848-1772 or (703) 991-5374

**\*\* Please allow three (3) to five (5) business days for your request to be completed. \*\***

OFFICE ID / NAME

REP NAME / ID #

## MERCHANT INFORMATION

MID #	DBA NAME	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE #	E-MAIL	

## AMENDMENT TO CREDIT CARD PROCESSING AGREEMENT

WHEREAS, MERCHANT desires to change certain terms of the AGREEMENT to more accurately reflect the actual circumstances of its BUSINESS. NOW, THEREFORE, MERCHANT and SAGE PAYMENT SOLUTIONS hereby agree as follows: MERCHANT wishes to amend AGREEMENT as is set out in one or more of the following sections:

To modify the method of contacting your company for Chargeback Notifications:

CHANGE OF NOTIFICATION METHOD:	CONTACT PREFERENCE:
<input type="checkbox"/> CHANGE FROM US MAIL to <b>FAX</b>	FAX #
<input type="checkbox"/> CHANGE FROM FAX TO <b>US MAIL</b>	ADDRESS
	CITY
	STATE
	ZIP CODE

## SIGNATURE & ACCEPTANCE

*IN ACCORDANCE WITH THE TERMS SET OUT ABOVE, I AUTHORIZE THE ABOVE CHANGE (S):*

AUTHORIZED SIGNER ON ACCOUNT (MERCHANT):

SIGNER'S NAME (PLEASE PRINT)

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DATE:

SIGNER'S TITLE (PLEASE PRINT)

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