

Merchant Card Change Request Form First Data Merchant Services/State of NC

INSTRUCTIONS

1. This form is to be used to request a change to their existing Merchant Account(s). This includes:
 - Outlet Name Change
 - Change in Capture Method
 - Addition of accepted card brands (Discover or American Express)
 - Addition of TransArmor to POS device
 - Change in Outlet Contact or Billing information
2. Unless otherwise directed, all forms will be processed electronically through DocuSign.
3. Please submit 1 form for each change requests (if multiple Merchant Accounts are being changed)
4. Any questions should be directed to osc.form.merchantcard@ncosc.gov

Merchant Chain (Participant):

Merchant Chain Number: _____

Merchant Chain Name: _____

Merchant Outlet Number: _____

Merchant Outlet Name: _____

American Express Outlet Number (if applicable): _____

Contact Information:

Name of Person Completing this Form: _____

Title: _____

Phone Number: _____

Email Address: _____

Requested Change:

Select the change requested and complete applicable section of form:

- Outlet Name Change
- Change in Capture Method
- Add Discover as an Accepted Card Brand
- Add American Express as an Accepted Card Brand
*American Express Outlet [Setup Form](#) required
- Change Outlet Contact Information
- Change Outlet Billing Information
- Add TransArmor to existing POS Merchant
- Other

Outlet Name Change:

Current Merchant Outlet Name: _____

Requested Merchant Outlet Name: _____
(24 Character limit on Outlet Name)

Name Change applies to the following Card Types:

- MasterCard/Visa
- Discover
- American Express **separate request should be sent to osc.form.merchantcard@ncosc.gov **

First Data ONLY – Change Complete: _____

Capture Method Change:

Current Capture Method:

- Point of Sale Terminal (FD terminal, Clover, SnapPay)
- CardConnect
- Paypoint Gateway Service: URL (website): _____
- Commerce Hub Gateway
- Convenience Fee Service
- Third-Party Gateway Service; Name of Third-party: _____
- Other: _____ URL(website) _____

New Capture Method Requested:

- Point of Sale Terminal(s) – (FD, Clover, SnapPay) requires a [POS Terminal Order Form](#)
- PayPoint Gateway Service
- CardConnect
- Commerce Hub Gateway
- Convenience Fee Service
- Third-Party Gateway Service; Name of Third-party: _____
- Other: _____ URL(website) _____

First Data ONLY – Change Complete: _____

Additional Information for Merchant:

Add Discover as Accepted Card Brand:

Merchant Outlet Name: _____

Merchant Outlet Number: _____

Person for STMS to Contact when Discover is established:

Name: _____

Email: _____

Phone Number: _____

First Data ONLY – Change Complete: _____

Change Outlet Contact Information:

Merchant Outlet Name: _____

Merchant Outlet Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

First Data ONLY – Change Complete: _____

Change Outlet Billing Information:

Merchant Outlet Name: _____

Merchant Outlet Number: _____

Billing Address: _____

ATTN: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Roll Up Invoicing Requested? Yes No

*Roll Up invoicing will combine all merchant invoices into one monthly invoice

First Data ONLY – Change Complete: _____

Add TransArmor to Existing Merchant:

Merchant Outlet Number: _____

POS Terminal Model: _____

POS Terminal ID: _____

First Data ONLY – Change Complete: _____

Other Request:

Merchant Outlet Name: _____

Merchant Outlet Number: _____

Please describe the nature of your requests and provide as much detail as possible for us to complete your request:

First Data ONLY – Change Complete: _____

OSC Use Only:

Additional Information (if applicable): _____

First Data Use Only:

Additional Information (if applicable): _____

