

ACCOUNT UPDATE FORM

Important Notes:

Merchant ID#

Business Information

DBA			Corporate Name:		
Location Address:			Billing Address:		
City, ST Zip:			City, ST Zip:		
Location Phone:	Contact Name:	Contact Name:	Contact Name:	Corporate Phone:	Billing to be processed: <input type="checkbox"/> Monthly <input type="checkbox"/> Daily
Amex/ Discover Merchant ID:		EBT/ SNAP FNS:	Fuelman:	SIC Code:	

Management Profile

Name:	DOB:	SS#	Phone	Title:	%Ownership
Home Address:		City	State:	Zip	Email

Entitlements/ Fees

Visa/ MC/ Disc (800,804, 850, 854,170,964) _____ % Amex (164) _____ % Amex Program Cost (3AL) _____ % Debit (190) _____ % Wex (840, 841,842, 843) _____ % Voyager (766) _____ % Other: () _____ % Other: () \$ _____	Visa/ MC/ Disc Txn \$ _____ (001,002,005,006,015,016,130,131,134,135,787,788) Amex Txn (013, 014) \$ _____ Debit Txn (018) \$ _____ Debit Decline Fee (42R) \$ _____ EBT Txn (029, 02Y, 02X) \$ _____ Wex Txn (0D4) \$ _____ Voyager Txn (0D0,0D1,0DV) \$ _____ Fuelman (0B3) \$ _____ Access Fees (241, 197, 526) \$ _____	ETF \$ _____ Annual Fee (294) \$ _____ Statement Fee (323) \$ _____ Merchant Supply Advantage (413) \$ _____ Regulatory Product (35I) \$ _____ Monthly Service Fee (335) \$ _____ Premium Equipment svc (32U) \$ _____ ESP Monthly (Y66) \$ _____ ESP Non Compliance Fee (Y65) \$ _____ Non-Return Equipment Fee \$ _____
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Auth Fees

Visa/ MC (040-044, 04R, 04V-04Y, 030-034, 03R, 03V-03Y) \$ _____ Voice AVS (039, 049, 069, 079, 03A, 06A, 07A) \$ _____	Discover/JCB (070-074, 071, 07V-07Y) (080-084, 08V-08Y) \$ _____ Voice Auth/VRU (035-037, 045-047, 065-067, 075-077) \$ _____	Amex (060-064, 061, 06V-06Y) \$ _____ AVS (405-408, 435, 07B, 07C, 03B, 03C, 04C, 06B, 06C) \$ _____
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IC Plus/ Tier / Flat Rate Pricing

Pass Through Interchange - Includes Dues and Assessments. You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .14%, or a PayPal Assessment Fee (45H) of .10%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per txn). American Express Network Fee (286) of .165%. American Express has Program Pricing and not Interchange and are subject to change.

Tier Flat Rate

Credit Qual _____ %	Credit Mid-Qual _____ %	Credit Non-Qual _____ %	Bundled PIN Debit (190) _____ %
Non-Pin Debit Qual _____ %	Non-Pin Debit Mid-Qual _____ %	Non-Pin Debit Non-Qual _____ %	(191) \$ _____

Dues and Assessments Billback Non- Qualified Surcharge Fee (30D) _____ %

Product Fees

Tran Armor Monthly Fee (30L) \$ _____	Mobile Pay Monthly Fee (472) \$ _____	Monthly Gateway Support Fee (417) \$ _____
Premium Equipment SVC Fee (32U) \$ _____	<input type="checkbox"/> **Visa / MC CCIS Enrollment (63V,63M) _____ %	Fraud Mgmt. Program Fee (Y67) \$ _____

**Commercial Card Interchange Service ("CCIS"): See Program guide for details regarding Commercial Card Interchange services. When the sales tax is computed on your behalf under CCIS, you will retail 25% of the interchange savings

Banking Information

Please provide a pre-printed voided check or bank letter to update banking information

Bank Name	Phone Number
ABA Routing Number (9 Digits):	Account Number (DDA):

Merchant warrants that all information provided to Petroleum Card Services whether in the Application or otherwise is true and correct, and Merchant will notify Petroleum Card Services at such time as any material change occurs. If signing on behalf of a corporation or other entity, the undersigned represents that he/she has obtained all necessary authorization and is legally empowered to sign on behalf of such entity.

Print Name of Principal (As specified on the Merchant Application/ Agreement)

Date

Signature of Authorized Principal (As specified on the Merchant Application/ Agreement)

Date

NOTE: DocuSign or E-Sign forms confirmation page is required. This form is only valid for 30 days from the original signature date

For Questions contact Account Updates: Phone: (866) 427-7297 or Email: Acctmaintenance@paysafe.com