|  |
| --- |
| OFFICE INFORMATION |
|  |
|  |       |  |       |  |       |  |       |  |
|  | Office ID |  | Rep Name / ID |  | App ID |  | Ticket # |  |
|  |  |  |
| MERCHANT INFORMATION |
|  |
|  |       |  |       |  |
|  | Merchant ID (MID) |  | DBA Name |  |
|  |       |  |       |  |
|  | Contact Name |  | Contact Phone |  |
|  |       |  |  |  |
|  | Email Address for Notification of Request Completion |  |  |  |
|  |  |  |
| Pursuant to the Merchant Agreement by and between Merchant and Paya, Merchant is providing notice of change in Principal(s): |
| The following person is the NEW / ADDITIONAL Principal Merchant: |  |
|  |  |  |
| NEW PRINCIPAL |
|  |
|  |       |  |       |  |
|  | Name |  | Title |  |
|  |       |  |
|  | Full Address |  |
|  |       |  |       |  |
|  | Email |  | Phone |  |
|  |       /       /       |  |  |  |
|  | Date of Birth (DOB) |  |  |  |
|  |  |  |
| *(if applicable)* The following person is NO LONGER a Principal Merchant: |  |
|  |  |  |
| REMOVED PRINCIPAL |
|  |
|  |       |  |       |  |
|  | Name |  | Title |  |
|  |       |  |
|  | Full Address |  |
|  |       |  |       |  |
|  | Email |  | Phone |  |
|  |       /       /       |  |  |  |
|  | Date of Birth (DOB) |  |  |  |
|  |  |  |
| SIGNATURE AND ACCEPTANCE |
|  | In accordance with the terms set out above, I authorized the above change(s): |  |
|  |  |  |  |  |  |  |
|  | Current Principal |  | New Principal |  | Witness (ISO/SPS Agent or Notary ONLY) |  |
|  | X |  |  |  | X |  |  |  | X |  |  |  |
|  |  | Signature |  |  |  | Signature |  |  |  | Signature |  |  |
|  |  |       |  |  |  |       |  |  |  |       |  |  |
|  |  | Printed Name |  |  |  | Printed Name |  |  |  | Printed Name |  |  |
|  |  |       |  |  |  |       |  |  |  |       |  |  |
|  |  | Signatory’s Title |  |  |  | Signatory’s Title |  |  |  | Signatory’s Title |  |  |
|  |  |       /       /       |  |  |  |       /       /       |  |  |  |       /       /       |  |  |
|  |  | Dated |  |  |  | Dated |  |  |  | Dated |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |