



Ticket Volume Increase Request

Want to track the progress of your request? Attach this form to your online support ticket submitted through our Self Service Portal at support.paya.com

Please return this signed and completed form by email to cscaccountupdates@paya.com or by fax to (703) 991 – 5374

OFFICE INFORMATION

Office ID _____ Rep Name / ID _____ App ID _____ Ticket # _____

MERCHANT INFORMATION

Merchant ID (MID) _____ DBA Name _____

Contact Email _____ Contact Phone _____

Retail MO/TO Internet

Merchant Type _____ MCC Code _____

/ /

Products Sold _____ Date Approved _____

/ /

Requestor _____ Date Submitted _____

Virtual Check Bankcard

Type of Increase _____

AVERAGE TICKET INCREASE REQUEST PROCEDURE (Requests for increases will be considered only after the Merchant has processed continually for at least sixty (60) days since the account opened or since the last change was implemented)

Status	Signed	Requested	Approved
Estimated Monthly Volume	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Average Ticket	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Sale	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Swiped Ticket	_____ %	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Keyed Percentage	_____ %	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Chargeback Percentage	_____ %	Current Refund Percentage	_____ %

Submit financial statements in accordance with underwriting guidelines. Web page copies (if not in original file or if they have changed.)

NOTES

SIGNATURE AND ACCEPTANCE

In accordance with the terms set out above, I authorize the above change(s):

X _____ Signature (Must be Signatory on File)	X _____ Signer's Name (Please Print)
X _____ Signer's Title (Please Print)	X / / Dated

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



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