



Change Mailing Address Form

In order to comply with **security / privacy** standards, you must submit this request **in writing** and fax directly to our Support Department.

Please use this form to change the Mailing Address on your Merchant Account.

This request can only be made by the actual **Signer** on the Merchant Account Agreement.

Our fax number is: 866.304.3386

Required information:

Merchant **Doing Business As** Name _____

Your Name _____

Title _____

Email Address _____

Phone _____

LOGIN ID of your Gateway _____

Merchant ID Number: _____

(your merchant ID Number can be found on the Monthly Visa/MC statement that is mailed to you)

Current Mailing Address on Account:

New Mailing Address for Change:

New Physical Address: (if applicable = note physical address CANNOT be a PO Box = must be actual street location)

By signing below, I expressly authorize **Interchange Plus Solutions, LLC** or its affiliates to **fulfill the above request** in connection with my Merchant Account and/or Payment Gateway account. (All information will be maintained strictly confidential.)

X _____
Owner/Officer Signature **Date**

Please note if you accept *American Express or Discover* you must contact them directly to make the above changes.