



# Contact Update Request

Please return this form completed and signed by email to [AccountChanges@nuvei.com](mailto:AccountChanges@nuvei.com) or by fax to (478) 345-8855

## OFFICE INFORMATION

Office ID \_\_\_\_\_ Rep Name / ID \_\_\_\_\_ App ID \_\_\_\_\_ Ticket # \_\_\_\_\_

## MERCHANT INFORMATION

Merchant ID (MID) \_\_\_\_\_ Address \_\_\_\_\_

DBA Name \_\_\_\_\_ City \_\_\_\_\_

Contact Name \_\_\_\_\_ State \_\_\_\_\_

Email Address for Notification of Request Completion \_\_\_\_\_ Zip Code (+4) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PLEASE NOTE:** This affects Mastercard® / Visa® deposits and fees only. If you accept other card types (i.e. Amex, Discover, Diners, JCB, Carte Blanche) you must notify the respective company of the change.

## ADD / REMOVE or CHANGE CONTACT PERSON

**PLEASE NOTE:** Adding a contact to the account allows them access to information on your account.

Please  **ADD**  **REMOVE** \_\_\_\_\_ as the contact on this account.  
Select one only Full Name

Please  **CHANGE** the contact person on this account as follows:

FROM: \_\_\_\_\_ TO \_\_\_\_\_  
PREVIOUS Contact Person Name NEW Contact Person Name

## CHANGE MERCHANT INFORMATION

PREVIOUS Phone Number \_\_\_\_\_ NEW Phone Number \_\_\_\_\_

PREVIOUS Fax Number \_\_\_\_\_ NEW Fax Number \_\_\_\_\_

PREVIOUS Email \_\_\_\_\_ NEW Email \_\_\_\_\_

## SIGNATURE AND ACCEPTANCE

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

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



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

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