



Merchant Account Change Form

Fax to 801-585-3898

Please complete online, and then print for signatures and fax. Illegible or incomplete forms may delay processing.

Date: _____ Visa/ Master Card Merchant ID: _____

Name of Account: _____ Contact: _____

Department Name (if different from above): _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

Payment Mode:

- Point of Sale Terminal
 - Purchase or Lease
 - FD100 \$414
 - FD200 \$685
 - Wireless GPS terminal (rental \$99 a month)
 - Imprinter \$35
- *Third Party Software
 - *subject to approval- provide PCI DSS Certificate
 - Software Name: _____
 - Payment Application Name: _____
- E-Commerce
 - UPay
 - UMarket
 - Web Site Address: _____

Reason for Change: _____

Contact Information:

Contact Name: _____ Phone: _____ Email: _____

Cognizant Authority: _____ Phone: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Department Phone: _____ Department Fax: _____

Reason for Change: _____

By signing below we attest that the requested changes have been approved by all Department Authorities. We also have read and agree to the [University of Utah Payment Card /E-Commerce Acceptance Policy](#) in accordance with said changes.

Contact Signature: _____ Date: _____

Cognizant Authority: _____ Date: _____