

# Request for a New Social Security Number or Tax ID

Attn: \_\_\_\_\_

By completing and submitting this form, you are requesting that Authorize.net update the Social Security or Tax ID information for your payment gateway account.

Please submit the completed and signed form with any associated documentation through a Visa Secure email reply or through the [Merchant Interface](#):

- Click **Contact Us** at the top of the page and then click on **Support Cases**, then **General Support**.
- Alternatively, you may click **New Support Case** under **Manage Support Cases**.
- Next, enter a Subject and Description, and then click **Submit**.
- Click the **Upload Files** button on the next page to add the attachment.
- For further instructions, please [click here](#).

Authorize.net will typically approve or deny a request within two (2) business days of the receipt of a completed and signed request and notify you of its decision.

**IMPORTANT:** Authorize.net will not process a new Social Security/Tax ID request without sufficient merchant authentication and authorization. Therefore, please submit the information required below as instructed and fill out all applicable sections.

## Merchant Information

|                    |                     |                      |
|--------------------|---------------------|----------------------|
| Payment Gateway ID | Company Name        | Company Phone Number |
| _____              | _____               | _____                |
| Company Address    | City/State/ZIP Code |                      |
| _____              | _____               |                      |

## Required Information

Please submit the information required using one of the following combinations: 1) **one** field from both Group A **and** Group B; 2) **both** fields from Group B; 3) **one** field from either Group A or Group B and **one** item from Group C; or 4) any **two** items from Group C.

|                                                                                                                                                                                                      |                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Group A: Primary Identification</b><br>Last four digits ONLY of current Principal's Social Security Number<br>XXX-XX- _____<br><br>OR<br>Last four digits ONLY of company Tax ID<br>XXX-XX- _____ | <b>Group B: Merchant Billing Information</b><br>Last four digits ONLY of bank account number<br>XXXXXX _____<br><br>OR<br>Last four digits ONLY of credit card number<br>XXXX-XXXX-XXXX- _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Group C: Alternative Forms of Identification

- Copy of IRS Form SS-4
- Voided check showing the merchant name and account number
- Copy of utility bill showing the merchant name and/or merchant address
- Copy of a credit card statement showing the merchant name and/or merchant address
- Notarized letter that properly identifies the individual submitting the request
- Letter from a bank identifying the individual and listing the bank account number
- A copy of Articles of Incorporation or Articles of Organization (and if non-profit, IRS proof of non-profit status)

### Social Security Number (SSN)/Tax ID Number/Employee Identification Number (EIN) Social

Security Number, Tax ID Number, or Employee Identification Number

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### Authorization to Submit the Request

By signing below, you indicate that you are authorized by your company to submit this request and that the information included is correct.

Print Name

Signature

Date

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Title

Phone Number

Email Address

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Payment Gateway Merchant Service Agreement: By checking the box below, You acknowledge and agree that You are entering into a binding contract with Authorize.net and agree to be bound by the terms and conditions of the Authorize.net Payment Gateway Merchant Service Agreement found at [http://www.authorize.net/files/Authorize\\_Net\\_Service\\_Agreement.pdf](http://www.authorize.net/files/Authorize_Net_Service_Agreement.pdf).

PLEASE READ THE AGREEMENT CAREFULLY. If You do not agree or are not willing to be bound by the terms and conditions of the agreement, DO NOT check the box and do not seek to obtain or use the Authorize.net Services.

I accept the Authorize.net Payment Gateway Merchant Service Agreement on behalf of my company and certify that I have authority to do so.

### eCheck.Net® Service Agreement— for eCheck.Net Merchants ONLY

eCheck.Net® Service Agreement: By checking the box below, You acknowledge and agree to the terms and conditions of the eCheck.Net Service Agreement located at <http://www.authorize.net/files/echecknetstandardterms.pdf>. If the Social Security Number/Tax ID/EIN has changed from the previous application, it may be necessary to, and You hereby authorize Authorize.net to investigate and confirm the information submitted by You by any commercial means available, including utilizing credit bureaus, reporting agencies, or its own agents.

I accept the eCheck.Net Merchant Service Agreement on behalf of my company and certify that I have authority to do so.

Authorize.net Office Use Only



eCheck.Net