Authorize.Net®

Authorize.Net Request for a New Account Owner

By completing and submitting this form, you are requesting that Authorize.Net update the Account Owner information for your payment gateway account.

Please print out, complete and sign this original form. Then gather the required documents from the **Required Information** table below. Fax the form and required documents to **650-286-6589.**

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 Account Owner 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.

Group A: Primary Identification	Group B: Merchant Billing Information
Last four digits ONLY of current Principal's Social Security Number: XXX-XX- _____	**Last four digits ONLY of bank account number:** XXXXXX_____
OR	**OR**
Last four digits ONLY of company Tax ID: XX-XXX- _____	**Last four digits ONLY of credit card number:** 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)

New Account Owner Information	
Name: _____	**Title:** _____
Email Address: _____	**Phone Number:** _____

Request to Close Your Authorize.Net Account (to be completed only if you are closing your account)

If you are completing this form in order to close your Authorize.Net account, please check the box below.

* Please note, to authorize this closure request, you must also fill out the "Authorization to Submit the Request" section and check the box to accept the Authorize.Net Payment Gateway Merchant Service Agreement.

By checking the box, you understand that you will no longer have access to the Merchant Interface or your account's transaction history, and that any fees that are due will be billed on the 1st of next month. Billing for any accrued fees cannot be stopped or reversed, so please be sure to allow for one final payment to be processed through your bank account or credit card associated with your Authorize.Net account.

To access your transaction history after closing your account, you will need to reactivate your Authorize.Net account by contacting Customer Support at (877) 447-3938.

☐ **I request to close my Authorize.Net Payment Gateway account on behalf of my company and certify that I have authority to do so.**

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:**
_____	_____	_____

Title:	**Phone Number:**	**Email Address:**
_____	_____	_____

Address (if different from the Company)**:**

_____

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. 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