

# MERCHANT ACCOUNT AUTHORIZED SIGNER FORM v1.6

Business Legal Name:

Merchant Number (MID):

Date:

## AUTHORIZED SIGNER(S)

Name	Email	Note

Other/Notes:

All capitalized terms herein shall have the same meaning as set forth in the Merchant and/or ACH Origination Agreement associated with the Merchant Number set forth above. The undersigned individual(s) certify(ies) that (i) he/she/they are duly authorized representatives of the Merchant set forth above, and as set forth on the Merchant and/or ACH Origination Agreement, (ii) he/she/they are duly authorized to execute this Merchant Account Authorized Signor Form to request the changes described herein, and (iii) he/she/they agree to indemnify, defend and hold harmless ISO/Bank/TPS/ODFI, as may be applicable, from and against any claims related to the authorization being provided herein. ISO, in its discretion, may deny or approve this request.

The undersigned further acknowledge(s) and authorize(s) the individual(s) listed above to have full access to the Merchant's account(s) and information, and shall have authority to make changes with respect to the Merchant's account(s), including without limitation, the ability to change or update the bank account associated with processing activity, authority to receive and/or access data and reporting related to the Merchant's account(s), and other full access, as may be specified.

The undersigned further acknowledges and understands that nothing in this document shall supersede or in any way modify the Merchant and/or ACH Origination Agreement Terms & Conditions, which still apply in full force and effect.

Print Name:

Signature:

Date: