

National Payment Processing

PROCESSING LIMIT CHANGE FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (209) 320-2108.

THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.

Thank you for your cooperation.

Merchant Name: _____

Merchant Number: _____

Requested Monthly Processing Volume: _____

Requested Average Ticket: _____

IN ORDER TO PROCESS YOUR REQUEST, AN EXPLANATION FOR THE REQUESTED CHANGE NEEDS TO BE PROVIDED. PLEASE EXPLAIN THE REASON FOR THE CHANGE BELOW:

Please note: Additional documentation may be required to process your request.

Signature of Authorized Principal

(as specified on the Merchant Application/Agreement)

Date

If you should have any questions, please contact our Merchant Services department at (800) 909-2124