



TRANSNATIONAL
PAYMENTS • TECHNOLOGY • TRUST

Authorized Decision Maker Form

Please add _____ as an authorized decision maker to this merchant processing account effective immediately. He/She is authorized to initiate any changes to this merchant processing account and sign all necessary documents.

(business name)

(merchant id number)

(owners printed name)

(owners signature)

(date)

(authorized user's printed name)

(authorized user's signature)

(date)