

PARAMOUNT COMMERCE

CONTACT CHANGE AUTHORIZATION

Please complete the following information and have it authorized by an officer or director of the company.

Effective date of contact change:

Please tick which products the company is currently using, as the changes will take effect on all of them.

Product **Merchant Account(s)**

INSTADEBIT
Instadebit WL
iDebit
Instant Banking
Pay-outs

1. COMPANY INFORMATION

Company Name:
Legal Name

Physical Address:
(No PO Boxes)

City:

Post Code:

Country:

Phone Number: ()
(Including country/area code)

Fax: ()
(Including country/area code)

Corporate Website:

2. CONTACT INFORMATION

Indicate the contacts to be added or removed as authorized personnel for the Merchant:

a) PRIMARY CONTACT
Name and Title

ADD CONTACT

REMOVE CURRENT CONTACT

Phone Number (including country/area code)

E-mail

b) TECHNICAL CONTACT
Name and Title

ADD CONTACT

REMOVE CURRENT CONTACT

Phone Number (including country/area code)

E-mail

c) CUSTOMER SERVICE CONTACT
Name and Title

ADD CONTACT

REMOVE CURRENT CONTACT

Phone Number (including country/area code)

E-mail

d) ACCOUNTING CONTACT
Name and Title

ADD CONTACT

REMOVE CURRENT CONTACT

Phone Number (including country/area code)

E-mail

3. UPDATE THE FOLLOWING AS AUTHORIZED CONTACTS

a) PRIMARY CONTACT

Authorizations:

Request reimbursement/settlement

Initiate wire transfer/funding of merchant account

Change bank account information

Change transaction processing password

Other: _____

Name and Title

Phone Number (including country/area code)

E-mail

Sample Signature: _____

b) TECHNICAL CONTACT

Authorizations:

Add/delete SUB-ID

Change reporting password

Add/Change IP addresses

Other: _____

Name and Title

Phone Number (including country/area code)

E-mail

c) CUSTOMER SERVICE CONTACT

Authorizations:

Account status

Settlement notifications

Other: _____

Name and Title

Phone Number (including country/area code)

E-mail

d) PRIMARY ACCOUNTING CONTACT

Authorizations:

Request reimbursement/settlement

Initiate wire transfer/funding of merchant account

Change bank account information

Other: _____

Name and Title

Phone Number (including country/area code)

E-mail

Sample Signature: _____

e) SECONDARY ACCOUNTING CONTACT

Authorized to request account details: _____

Name and Title

Phone Number (including country/area code)

E-mail

Additional Merchant contacts:

f) FRAUD/SECURITY CONTACT

Name and Title

Phone Number (including country/area code)

E-mail

g) OTHER CONTACT

Authorizations: _____

Name and Title

Phone Number (including country/area code)

E-mail

h) NOTIFICATION CONTACT

Please provide the email that is to be used for service notifications relating to technical issues, account changes or software releases.

4. MERCHANT APPROVAL

By signing below, Merchant authorizes Instadebit International Solutions Ltd and/or Citadel Commerce (Malta) Limited ("IISL/CMT") to revise the contact information contained in the Merchant Application Form (completed as part of the contracting process) and replace it with the information contained herein. The new contact or contacts listed above will be authorized to perform the duties and access information relevant to their roles as specified above. This includes access to account information, passwords or technical details. The Merchant indemnifies and holds IISL/CMT and its officers, employees, directors, agents, successors and assigns harmless from any and all damages, losses, costs and expenses, including without limitation reasonable attorneys fees, related to any errors in the contact provided by the merchant in this Contact Change Authorization..

Merchant hereby authorizes IISL/CMT and its designated agents and representatives to provide new account details to the contacts listed above. This authority will remain in effect until IISL/CMT receives an updated Contact Change Authorization form from the Merchant.

(NOTE: This amendment to the Merchant Application must be signed by an authorized officer of the company that has contracted with IISL/CMT)

I hereby authorize the Contact Change Authorization information as contained herein and certify that I have authority to make this revision and that I have authority to bind the corporation in contract:

Merchant Authorized Signature

Date

Print Name

Title

5. MAILING INSTRUCTIONS

Email the completed signed and dated form to merchantacceptance@paramountcommerce.com

For Internal Use

Approved By: _____

Date: _____