MERCHANT SERVICES REQUEST AND UPDATE FORM

Fax completed form to Merchant Services at (952) 917-6237 or Email to merchant.services@tchek.com Allow 3-5 business days for processing	
A. SITE INFORMATION	
Site Name:	Date:
TCH/EFS Location ID: T-Chek Location ID: EFSTS Location #:	Contact Name:
Email Address:	Phone Number: ( ) - x
B. REQUESTED UPDATE(S) (Applies to TCH/EFS, T-Chek and EFSTS)	
Check the item(s) below that need updating and fill in new information in Section D at the bottom of the form.	
☐ Fax Number (indicate new fax number below in Section F)	
☐ Phone Number (indicate new phone number below in Section F)	
☐ Mailing Address (indicate new address below in Section F)	
☐ Change of ownership (Merchant Services will contact you with further details)	
☐ Closing location: Inactivate Merchant id's ☐ Effective date: ☐ Temporary ☐ Permanent	
☐ ACH Bank Change Request (Forms will be sent to contact information provided below in Section F)	
C. TCH (Applies to EFS/TCH only)	
☐ Update/Add Opis ID (required for Cost based discounts through Merchant Manager)	
☐ Add "Merchant Manager" to my TCH Merchant ID (Agreement will be sent)	
☐ Remove " Merchant Manager" from my TCH Merchant ID	
D. T-CHEK (Applies to T-Chek only)	
☐ Add/Change "Settlement Report" to my T-Chek Merchant ID *(One receipt method only)* ☐ Online (Single user) ☐ Desired Password: ☐ Online (Multiple users, form will be sent to contact information provided below in Section F) ☐ Fax (indicate # below in Section F)	
☐ Remove "Settlement Report" from my T-Chek Merchant ID	
E. EFSTS (Applies to EFS only)	
☐ Add/Change "Settlement Report" to my EFS Merchant ID ☐ Email ☐ Fax	
☐ Remove "Settlement Report" from my EFS Merchant ID	
F. UPDATED INFORMATION	
New Fax Number: ( ) -	
New Phone Number: ( ) - x	
New Address:	
Email Address: (required if requesting emailed or online reporting)	
Signature: *(required)*	