



Alternate Network Request Form

In order to comply with **security / privacy** standards, you must submit this request in **writing** and **fax** directly to our Support Department.

Please use this form to request setting up your Merchant Account on an alternate authorization network.

Merchant Focus normally utilizes the **Paymentech Tampa** authorization network.

If you need a different authorization network, please select below:

• **Vital/VisaNet for PayCom or VeriSign:** YES _____

This request can only be made by the actual **Signer** on the Merchant Account Agreement.

Our fax number is: 866.431.4138

Required information:

Merchant **Doing Business As** Name _____

Your Name _____

Title _____

Email Address _____

Phone _____

LOGIN ID of your Gateway _____

Merchant ID Number: _____

(Your merchant ID Number can be found on your **Congratulations Page** and **Monthly Statement**.)

Additional Comments:

By signing below, I expressly authorize **Merchant Focus** or its affiliates to **fulfill the above request** in connection with my Merchant Account. (All information will be maintained strictly confidential.)

X

Owner/Officer Signature

Date