



Change Form

Please submit to:
E-mail: posinfo.ch@six-payment-services.com; fax: 0848 000 114
For e-commerce: onlinepayment@six-payment-services.com

Merchant

For queries Phone _____ E-mail _____

Company data (new) Street/no. _____
Postal code/city _____ UID CHE-_____ MWST
Phone _____ E-mail _____
Website _____

Contact person (new) Headquarter Location Replacement for _____
 Ms Mr First name _____ Last name _____ Function _____
Phone _____ E-mail _____

Short address For cardholder statement (max. 21 characters) [_____]

Legal representative (new)

Ms Mr Replacement for _____
First name _____ Last name _____
Phone _____ Function _____

Private address Street/no. _____
Postal code/city _____ Country _____

Existing terminal location (new details)

(DOES NOT APPLY TO E-COMMERCE)

As company address TID(s) _____
Commercial name _____
Street/no. _____
Postal code/city _____

Sales slip (new) [_____] New logo in _____ format enclosed

Commercial name, ZIP and city as location address [_____]

Account data (new)

Replacing account _____

Pay-in slip enclosed Financial institution _____
Postal code/city _____ Country _____
IBAN [_____] BIC/Swift [_____]
Account holder _____ (8 or 11 digits)
Street/no. _____

Postal code/city _____ Country _____

Settlement type (new) Settlement all Settlement per means of payment (surcharge applies)

Correspondence (new)

DE FR IT EN

Differing addresses Company _____ FAO _____

Correspondence/P.O. Box Street/no. _____ P.O. Box no. _____

Invoices Postal code/city _____ Country _____

Delivery address material E-mail new additional _____

Credit notices paper

Credit notices PDF

Chargebacks Reimbursement notice type (new): Reimbursement summary Reimbursement summary by branch

Daily closing level by branch Transaction details

The Merchant confirms the accuracy of the aforementioned declarations. **Changes valid as from** _____

SIX Payment Services is entitled to invoice the Merchant for any expenses incurred in relation to the changes.

Place and date _____ Signature(s) of the Merchant's legal representative(s) *

* First and last name(s) in block letters _____