



# Power of Proxy

<b>Merchant</b>	Merchant no.
Company _____	
Street/no. _____	P.O. Box _____
Postal code/city _____	Country _____

## Legal representatives

### Legal representative 1

Ms  Mr

First name \_\_\_\_\_ Last name \_\_\_\_\_ Function \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

### Legal representative 2

Ms  Mr

First name \_\_\_\_\_ Last name \_\_\_\_\_ Function \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

## Power of proxy

I/we hereby authorize the below mentioned person(s) to perform on my/our behalf the following tasks:

- Request delivery of credit notices to a third person
- Enquire for settlement information
- Communicate new/additional e-mail recipients
- Request manual transaction capture
- Amendment to existing company bank account details
- Branch Affiliation
- Activation of means of payment
- Request for access authorizations Saferpay/myPayments

## Authorized representatives

### Authorized representative 1

Ms  Mr

First name \_\_\_\_\_ Last name \_\_\_\_\_ Function \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

### Authorized representative 2

Ms  Mr

First name \_\_\_\_\_ Last name \_\_\_\_\_ Function \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Date and place	The Merchant's legal signature(s)*
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\* First and last name(s) in block letters \_\_\_\_\_

Please submit the duly completed and signed form by fax, e-mail or post.

For Switzerland:

**Fax: 0848 83 2111**

**customerservice.ch@six-payment-services.com**

SIX Payment Services, Customer Service Switzerland  
Hardturmstrasse 21, P.O. Box, CH-8021 Zurich

For the rest of Europe:

**Fax: +352 20 880 228**

**info.cwe@six-payment-services.com**

SIX Payment Services, Merchant Service International  
Hardturmstrasse 21, P.O. Box, CH-8021 Zurich

Your local point of contact can be found at: [www.six-payment-services.com/contact](http://www.six-payment-services.com/contact)

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Hardturmstrasse 201  
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CH-8021 Zurich

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