

Payment Services

Power of Proxy

Postal code/city	Merchant			Merchant no	
Street/no.		Company			
Postal code/city					
Legal representative 1 Ms Mr					
Ms Mr	Legal represent	atives			
Phone	Legal representativ	ve 1			
Legal representative 2 Ms Mr First name	☐ Ms ☐ Mr	First name	Last name	Function	
Ms Mr First name		Phone	E-mail	Fax	
Phone	Legal representation	ve 2			
Power of proxy	□ Ms □ Mr	First name	Last name	Function	
		Phone	E-mail	Fax	
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	Power of proxy				
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 First name	I/we hereby authorize	ze the below mentioned person(s) to perform on my/our behalf the followin	g tasks:	
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 First name		☐ Request delivery of credit notices to a third person			
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		☐ Enquire for settlement information			
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 Fax		Request manual transaction capture Amendment to existing company bank account details Branch Affiliation			
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 Authorized representative 2 Ms Mr First name Last name Function Phone E-mail Fax Date and place The Merchant's legal signature(s)*					
Activation of means of payment Request for access authorizations Saferpay/myPayments					
Request for access authorizations Saferpay/myPayments Authorized representative S 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)* * First and last name(s) in block letters Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: For the rest of Europe:					
Authorized representatives Authorized representative 1 Ms Mr					
Authorized representative 1 Ms Mr		☐ Request for access aut	horizations Saferpay/myPayments		
□ Ms □ Mr First name Function Phone E-mail Fax Authorized representative 2 □ Ms □ Mr First name Function □ Ms □ Mr First name Function Phone E-mail Fax The Merchant's legal signature(s)* * First and last name(s) in block letters Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: For the rest of Europe:	Authorized repr	esentatives			
Authorized representative 2 Ms Mr First name Last name Function Phone E-mail The Merchant's legal signature(s)* * First and last name(s) in block letters Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: For the rest of Europe:	Authorized represe	entative 1			
Authorized representative 2 Ms Mr First name Last name Function Phone E-mail Fax Date and place The Merchant's legal signature(s)* * First and last name(s) in block letters Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: For the rest of Europe:	☐ Ms ☐ Mr	First name	Last name	Function	
Date and place The Merchant's legal signature(s)* * First and last name(s) in block letters Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: Function Fax Fax Please submit the duly completed and signed form by fax, e-mail or post. For the rest of Europe:		Phone	E-mail	Fax	
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Date and place The Merchant's legal signature(s)* * First and last name(s) in block letters Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: For the rest of Europe:	☐ Ms ☐ Mr	First name	Last name	Function	
* First and last name(s) in block letters Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: For the rest of Europe:		Phone	E-mail	Fax	
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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: For the rest of Europe:	Date and place		The Merchant's legal signature(s)*		
Please submit the duly completed and signed form by fax, e-mail or post. For Switzerland: For the rest of Europe:			3, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14		
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Your local point of contact can be found at: www.six-payment-services.com/contact

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