## Power of Proxy

| Merchant | Company <br> Street/no. <br> Postal code/city$\quad$ Merchant no. |  |
| :--- | :--- | :--- |
|  |  |  |

## Legal representatives

Legal representative 1

| $\square \mathrm{Ms} \square \mathrm{Mr}$ | First name | Last name | Function <br> Fax |
| :---: | :---: | :---: | :---: |
|  | Phone | E-mail |  |

## Legal representative 2

| $\square \mathrm{Ms} \quad \square \mathrm{Mr}$ | 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:
$\square$ Request delivery of credit notices to a third person
$\square$ Enquire for settlement information
$\square$ Communicate new/additional e-mail recipients
$\square$ Request manual transaction capture
$\square$ Amendment to existing company bank account details
$\square$ Branch Affiliation
$\square$ Activation of means of payment
$\square$ Request for access authorizations Saferpay/myPayments

## Authorized representatives

Authorized representative 1

| $\square \mathrm{Ms} \quad \square \mathrm{Mr}$ | First name | Last name | Function <br> Fax $\qquad$ |
| :---: | :---: | :---: | :---: |
|  | Phone | E-mail |  |
| Authorized representative 2 |  |  |  |
| $\square \mathrm{Ms} \square \mathrm{Mr}$ | First name | Last name | Function |
|  | Phone | E-mail |  |

Date and place
DD $_{\text {мм }} ._{\text {YYYY }}$

* First and last name(s) in block letters

Please submit the duly completed and signed form by fax, e-mail or post.
For Switzerland:
customerservices@six-payment-services.com
For the rest of Europe:
info.cwe@six-payment-services.com

## Your local point of contact can be found at: www.six-payment-services.com/contact

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