Reset 1783

Payment Services

Access Authorizations

Merchant

Contact person
☐ Ms. ☐ Mr.

First name _____ Last name _____ Function _____
Phone _____ E-mail _____

Request for change of access authorizations

The Merchant instructs SIX Payment Services to carry out the below-mentioned changes in relation to the access authorizations. Personal login credentials, composed of user name and password, shall be provided for each additional user. The Merchant shall be liable for any actions taken by third parties using the login credentials as it is for its own actions.

☐ **myPayments** Partner ID _____
☐ **Saferpay** Account ID _____

1

☐ **Activate** ☐ **Change** (e-mail, different/additional access authorization) ☐ **Delete**

☐ Ms. ☐ Mr.
☐ myPayments
☐ Saferpay

First name _____ Last name _____
E-mail _____
Remarks _____

2

☐ **Activate** ☐ **Change** (e-mail, different/additional access authorization) ☐ **Delete**

☐ Ms. ☐ Mr.
☐ myPayments
☐ Saferpay

First name _____ Last name _____
E-mail _____
Remarks _____

3

☐ **Activate** ☐ **Change** (e-mail, different/additional access authorization) ☐ **Delete**

☐ Ms. ☐ Mr.
☐ myPayments
☐ Saferpay

First name _____ Last name _____
E-mail _____
Remarks _____

4

☐ **Activate** ☐ **Change** (e-mail, different/additional access authorization) ☐ **Delete**

☐ Ms. ☐ Mr.
☐ myPayments
☐ Saferpay

First name _____ Last name _____
E-mail _____
Remarks _____

5

☐ **Activate** ☐ **Change** (e-mail, different/additional access authorization) ☐ **Delete**

☐ Ms. ☐ Mr.
☐ myPayments
☐ Saferpay

First name _____ Last name _____
E-mail _____
Remarks _____

Date and place

DD . MM . YYYY ,

Signature(s) of the Merchant's legal representative(s) *

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

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

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116.1783.02_INT_EN/08.2017