



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.

myPortal Partner ID _____
 Saferpay Account ID [][][][][][][][][][]

1 **Activate** **Change** (e-mail, different/additional access authorization) **Delete**
 Ms. Mr. First name _____ Last name _____
 myPortal E-mail _____
 Saferpay Remarks _____

2 **Activate** **Change** (e-mail, different/additional access authorization) **Delete**
 Ms. Mr. First name _____ Last name _____
 myPortal E-mail _____
 Saferpay Remarks _____

3 **Activate** **Change** (e-mail, different/additional access authorization) **Delete**
 Ms. Mr. First name _____ Last name _____
 myPortal E-mail _____
 Saferpay Remarks _____

4 **Activate** **Change** (e-mail, different/additional access authorization) **Delete**
 Ms. Mr. First name _____ Last name _____
 myPortal E-mail _____
 Saferpay Remarks _____

5 **Activate** **Change** (e-mail, different/additional access authorization) **Delete**
 Ms. Mr. First name _____ Last name _____
 myPortal E-mail _____
 Saferpay Remarks _____

Date and place	Signature(s) of the Merchant's legal representative(s) *
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* 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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