

RATE REVIEW/PRICE CHANGE REQUEST FORM

Merchant Number (MID): _____

Merchant DBA: _____

Pricing Change Effective Date	
	First of the Current Month
	Date of Signature
	Future Date:

PLEASE COMPLETE

PRICING TYPE:

<input type="checkbox"/>	Interchange
<input type="checkbox"/>	Tiered
<input type="checkbox"/>	Flat Rate
<input type="checkbox"/>	CNP v CP
<input type="checkbox"/>	ERR

<input type="checkbox"/>	Cash Discount
<input type="checkbox"/>	Surcharge
<input type="checkbox"/>	Dual Pricing w/PIN Debit Flat Rate
<input type="checkbox"/>	Dual Pricing w/PIN Debit Pass-Through Fees
<input type="checkbox"/>	Not Changing

DISCOUNT METHOD:

<input type="checkbox"/>	Daily
<input type="checkbox"/>	Monthly

STATEMENT PRINT:

(Interchange Only)

<input type="checkbox"/>	Detail
<input type="checkbox"/>	Summary

Visa/MasterCard/Discover	Discount Rate	Transaction Fee
Qualified		
Mid-Qualified		
Non-Qualified		
Signature/Offline Debit		
% Billed to Cardholder		

American Express	Discount Rate	Transaction Fee
Qualified		
Mid-Qualified		
Non-Qualified		
% Billed to Cardholder		

Other Card Types	Discount Rate	Transaction Fee
PIN Debit		
EBT		
[<input type="checkbox"/>] EBT FNS: _____	[<input type="checkbox"/>] EBT Cash Only	

Occurrence Fees	Fee Requested
Account on File Fee	
Monthly Minimum Fee	
Batch Fee	
AVS Fee	
Regulatory Fee	
Additional Service Fee	
Chargeback Fee	
Retrieval Fee	
Annual Fee	
PCI Monthly Fee	
PCI Annual Fee	

Additional Service Fees	Fee Requested
Virtual Terminal Monthly Fee	
Virtual Terminal Transaction Fee	
Wireless Service Monthly Fee	

Comments/Special Requests:

Notes: If the percent billed to cardholder is left blank on Cash Discount, Surcharge or Dual Pricing types, the qualified rate will be applied. If the Effective Date is left blank, the 1st of the Current Month will be applied.

Merchant Signature*

PRINTED FULL NAME

SIGNATURE

DATE

*Signature Required if Increasing Pricing or Adding Fees

Processed by: (ADMIN ONLY)

PRINTED NAME

SIGNATURE

DATE