

Ph: (800) 654-9256 Fax: (303) 482-8194 Email: bf_partnersalesupport@globalpay.com



DBA or Legal Name: _____

MERCHANT PRICING CHANGE FORM								
PRICING (Select One):	<input type="radio"/> QMNC	<input type="radio"/> Differential	<input type="radio"/> Pass Through	PROCESSING TYPE:	<input type="radio"/> Retail	<input type="radio"/> MOTO	<input type="radio"/> TTC	
	<input type="radio"/> Flat Rate	<input type="radio"/> Mrch Surcharge	<input type="radio"/> TransFreedom					
Fee Category: Visa/MC/AXP/DISC/PP/JCB/Diners Cards (if applicable)	Discount Rate	Per Item Fee	Authorization Fee All Card Types	Voice/ARU Auth Fee	\$ _____	Batch Close Fee	\$ _____	
	Qualified, Mrch Surcharge or Plus Rate: <i>(Retail, MOTO, Internet)</i>	_____ %	\$ _____	\$ _____	Application Setup Fee	\$ _____	Reprogramming Fee	\$ _____
	Mid-Qualified Surcharge: <i>(Retail Only)</i>	_____ %	\$ _____		Chargeback Fee	\$ _____	Retrieval Fee	\$ _____
	Non-Qualified or Differential Surcharge: <i>(Retail, MOTO, Internet)</i>	_____ %	\$ _____		Monthly Service Fee	\$ _____	Monthly Minimum Discount	\$ _____
	Rewards Surcharge <i>(Retail Only)</i> :	_____ %			ACH Return Fee	\$ _____	Terminal Support Fee	\$ _____
	<input type="radio"/> with Qualified Rewards at Pass Through				PCI Monthly Fee	\$ _____	PCI Annual Fee	\$ _____
	<input type="radio"/> Standard Card Rebates				Annual Fee	\$ _____	Admin Fee	\$ _____
	Check Card Rebate: <i>(Signature Based)</i>	<input type="radio"/> Card Rebates at Full Difference	\$ _____		Start Date	_____	Merchant Savings Club Monthly Fee	\$ _____
	<input type="radio"/> - _____				TransFreedom Monthly Fee	\$ _____	Payment Gateway Monthly Fee	\$ _____
	Fees for Access to Card Brand Services <i>(see description below)</i>	_____ %	\$ _____		Payment Gateway Setup	\$ _____		

Note: Processor and its contractors provide the additional products and services set forth in sections 9, 10 and 11, in addition to Purchasing Cards, Corporate Cards and Fleet Cards and the Regulatory and Compliance Fee above. Member Bank does not provide such services and has no responsibility or liability for them.

ADDITIONAL SERVICES AND TERMS									
PIN Debit / EBT		Wireless		Gateway & Semi Integrated Processing Services					
PIN Based Debit Per Item Fee* \$ _____		Wireless Setup Fee (One Time/Per Terminal) \$ _____		TransIT, <input type="checkbox"/> WebPASS <input type="checkbox"/> Ovation Mobile <input type="checkbox"/> TC					
PIN Based Debit Rate* _____ %				Transaction Express, <input type="checkbox"/> MultiPASS <input type="checkbox"/> Ovation Terminal <input type="checkbox"/> TC Plus					
PIN Based Debit Monthly Fee \$ _____		Wireless Monthly Fee (Per Terminal) \$ _____		Transaction Central, <input type="checkbox"/> THP <input type="checkbox"/> Ovation Terminal+ <input type="checkbox"/> TXP					
PIN Based Debit Application Fee \$ _____				Sierra Semi-Integrated, <input type="checkbox"/> TSEP <input type="checkbox"/> Ovation Register <input type="checkbox"/> TXP ACH					
EBT Per Item Fee \$ _____				Ovation Point of Sale					
*Debit Discount Rate:		Ovation Restaurant		Setup Fee (one time per POS) \$ _____		Monthly Fee (per POS) \$ _____			
NOTE - PIN Based Debit authorization and interchange fees may apply.		Monthly Fee \$ _____		Data Protection (per item) \$ _____		P2PE Fee (per item) \$ _____			
ACH Processing & Check Services		Basic Loyalty Monthly \$ _____		Ovation Essentials & Complete					
<input type="checkbox"/> ACH Processing (ACH Addendum Required)		Electronic / Paper Statements							
<input type="checkbox"/> Check Services (CrossCheck Application Required)		<input type="checkbox"/> Paper Statement <input type="checkbox"/> Electronic Statement		<input type="checkbox"/> Ovation Terminal+ Essentials Fee \$ _____					
Non-EMV Transaction Fees		Paper Statement Fee \$ _____		Ovation Complete Fee \$ _____					
Non-EMV Risk Assessment Fee _____ %		TransLink Insights		Essentials & Complete (billed per month)					
A Non-EMV Program Fee of \$25 per month may be assessed to Merchant if the percentage of non-EMV transactions as a percentage of total transaction is in excess of 10%. Thereafter, Merchant's percentage of non-EMV transactions will be reviewed on a six-month basis (in February and August), and if the threshold of non-EMV transactions falls below 10%, the fee will be removed.		TransLink Insights \$ _____		<input type="checkbox"/> Ovation Register Essentials Fee \$ _____					
		Merchant is provided a 60 day free trial period. Merchant will be billed \$29.99 per location per month if not cancelled during the free trial period. These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no obligation or liability for this product or service.		Complete Fee \$ _____					
Other Fee		<input type="checkbox"/> By checking this box, Merchant declines to participate in the TransLink Insights product.		TXP Setup Fee* \$ _____		TC Setup Fee* \$ _____			
Description: _____ \$ _____				TXP Monthly Fee** \$ _____		TC Monthly Fee** \$ _____			
				TXP Direct Swipe Fee*** \$ _____		ACH Discount Rate _____ %			
				Fraud Check Fee \$ _____		ACH Trans Fee \$ _____			
				Integration Fee \$ _____		ACH Return Fee \$ _____			
PCI Fees				Funding Programs					
PCI Quarterly Program Fee* \$ _____		*Fee will be reduced for ongoing support once compliance is validated. NOTE - an additional monthly fee will be charged for ongoing support each month where compliance is NOT validated		<input type="checkbox"/> Daily Discount <input type="checkbox"/> Same Day ACH <input type="checkbox"/> Enhanced Funding					
Quarterly Fee will be reduced to* \$ _____				Enhanced Funding Program per Batch Fee \$ _____					
PCI Monthly Program Fee** \$ _____		**Fee will be increased for ongoing support if compliance is not validated 75 days after signing.		<input type="checkbox"/> Section 11.2(d) Fee (as stated in the Merchant Card Processing Agreement) does not apply if checked					
Monthly Fee will be increased to** \$ _____									
Breach Enrollment									
If at any time MERCHANT is not validated for PCI compliance and has opted out of Breach Coverage, MERCHANT will be automatically enrolled in the Breach Coverage program at the rate indicated above, until such time that MERCHANT restores validation and opts out, at which point MERCHANT will again be opted out.									
Breach Coverage Fee \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually									

The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant. By completing the change in authorized signer section, Merchant agrees that the authorized signer on the initial merchant application is no longer authorized.

Merchant Pricing Change Form v24.1124