

# Merchant Services

## PROCESSING LIMIT CHANGE FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:**

**ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.**

**PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (818) 701-2412.**

**THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.**

*Thank you for your cooperation.*

**Merchant Name:** \_\_\_\_\_

**Merchant Number:** \_\_\_\_\_

**Requested Monthly Processing Volume:** \_\_\_\_\_

**Requested Average Ticket:** \_\_\_\_\_

**IN ORDER TO PROCESS YOUR REQUEST, AN EXPLANATION FOR THE REQUESTED CHANGE NEEDS TO BE PROVIDED. PLEASE EXPLAIN THE REASON FOR THE CHANGE BELOW:**

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**Please note: Additional documentation may be required to process your request.**

\_\_\_\_\_  
**Signature of Authorized Principal**

(as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

If you should have any questions, please contact our Merchant Services department at (800) 324-9825 or email us at [merchantsupport@merchant-help.com](mailto:merchantsupport@merchant-help.com)