

# 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 SIGNATURE  
HAS BEEN VERIFIED BY MERCHANT SERVICES.**

*Thank you for your cooperation.*

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

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

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

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

**Reason for increase:** \_\_\_\_\_

**Please note: Additional financials may be required to process increase.**

\_\_\_\_\_  
**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 [merchantservices@ipaymentinc.com](mailto:merchantservices@ipaymentinc.com)