



**Alternate Network Request Form**

In order to comply with **security / privacy** standards, you must submit this request **in writing** and **fax** directly to our Support Department.

**Please use this form to request setting up your Merchant Account on an alternate authorization network.**

**AuctionCheckout** normally utilizes the **Paymentech Tampa** authorization network.

If you need a different authorization network, please select below:

• **Vital/VisaNet for PayCom or VeriSign:** YES \_\_\_\_\_

This request can only be made by the actual **Signer** on the Merchant Account Agreement.

**Our fax number is: 866.431.4138**

**Required information:**

Merchant **Doing Business As** Name \_\_\_\_\_

Your Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

LOGIN ID of your Gateway \_\_\_\_\_

Merchant ID Number: \_\_\_\_\_

(Your merchant ID Number can be found on your **Congratulations Page** and **Monthly Statement**.)

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I expressly authorize **AuctionCheckout** or its affiliates to **fulfill the above request** in connection with my Merchant Account. (All information will be maintained strictly confidential.)

X

**Owner/Officer Signature**

**Date**