Request for change Combo payment methods in-store



This document is an application by the merchant to amend or terminate the existing acceptance contract concerning Combo payment methods for in-store collection with PostFinance. The following changes can be submitted using this document:

- Change of credit account (fill in sections 1, 3, 8)
- Change of terminal location (additional location or change of previous location address; fill in sections 1, 2, 8)
- Change of correspondence (fill in sections 1, 4, 8)
- Change of transaction overview (fill in sections 1, 5, 8)
- Termination of contract (fill in sections 1, 8)

For changes to your master data (e.g. company name, address, legal form, etc.), please call us. Calls within Switzerland: 0848 888 900 (max. CHF 0.08/min. in Switzerland), calls from abroad: +41 58 667 97 39 (at telecom provider's international rate)

TID ¹	MID (optional)					
Company name						
Street/no.						
Postcode/ town/country						
Contract changes to be made		Contract changes ²	Contract termination ²			
valid from ²		(dd.mm.yyyy)				
request for change. No retroactive. 2. Change: payment term	existing payment sleequest for change we changes can be	iip – Combo payment methods in-st made.	core" enters into effect once PostFinance has checked and confirmed the			
Change to existing terminal location ³		Enter additional terminal location ³				
Affected TIDs (mandatory)						
Affected MID (optional)						
Name of business/company						
New location address	Street/no Postcode/ town _					
New contact person	First name _		Last name			
	Function _					
	Tel.		E-mail			





³ For changes to/entries of more than one terminal location, please contact aqs@postfinance.ch.

3. Change:	credit accour	nt			
Change to	existing credi	t account ¹	Add new credit	account for ne	ew terminal location (in accordance with section 2)
Existing IBAN credit account ²		t ² CH			
New IBAN credit account		CH			
Your QR refer		HF accounts only (CHX	X 030X to CHXX 032X)		
Financial instit	tution				
Postcode/tow	n/country				
Name of acco		l partner as per section			
Account addr	ess	The deta	ails must correspond to your a	ccount information	on exactly.
	Stree	t/no			
	Posto	ode/town			
4. Change: Clanguage Address		FR ess address t address:	IT EN To terminal location	n	
	Company				FAO
	Street/no.				P.O. Box
	Postcode/ town				Country
	E-mail				Tel.
	2				
5. Change:	transaction o	overview			
Credit advice (PDF) Cred		Credit advice	lit advice per branch Stateme		nt of all remuneration (summary of all branches)
		Periodicity	Daily	Monthly	
		Delivery	In e-finance ³	Via e-mai	il
Merchant Portal ⁴ E-finance (online transaction portal)		E-finance numb	per ³		User identification (first and last name) ⁴





³ Possible only with a PostFinance business account. If no e-finance number is specified, PostFinance cannot grant authorization.

⁴ If no user (first and last name) is specified, PostFinance authorizes all users of the e-finance number provided to access the Merchant Portal and download the documents. Please bear in mind that this information applies to all locations and to future locations. If this information differs from the previous information, the old information will be overwritten.

6. Comments		
7. Data protection		
Information on how PostFinance processes your personal data ca	an be found in our	r General Privacy Policy at postfinance.ch/dps.
By sending us personal data about other people, you confirm th sure that the third parties have been informed that PostFinance will "Information on data protection" document or our General Private the surface of the	will process their d	lata before you share the data and forward them the
8. Confirmation and signature		
I/We hereby confirm with my/our signature that I/we understand in-store payment methods" and the "PCI DSS compliance instru		
Place	Place	
Date	Date	
Signature 1	Signature ¹	
Last name	_ Last name	
First name	First name	
¹ Two signatures are required for collective signing rights.		

Please send the form to: PostFinance Ltd, Scan Center, 3002 Bern Do you have any questions? Tel. +41 58 667 98 74, e-mail: aqs@postfinance.ch



