



# Payment Service Provider switching form

MERCHANT

Company \_\_\_\_\_ Merchant No. \_\_\_\_\_

Company address Street + No. \_\_\_\_\_ P.O. Box No. \_\_\_\_\_

Postal code / City \_\_\_\_\_ Country \_\_\_\_\_

Contact person  Mr.  Ms. First name \_\_\_\_\_ Last name \_\_\_\_\_

Function \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

DATA PSP

Existing Payment Service Provider (PSP)	New Payment Service Provider (PSP) as of _____
Name of the PSP _____	Name of the PSP _____
Account ID _____	Account ID _____
Contract termination date ____ / ____ / ____	Contract starting date ____ / ____ / ____

I hereby confirm that the contract with the current Payment Service Provider was terminated with the proper period of notice.

\_\_\_\_\_ Place and Date      \_\_\_\_\_ The Merchant's legal signature(s)\*

\* First and last name(s)  
in block letters: \_\_\_\_\_

Please submit the duly completed and signed form by fax, e-mail or post.

For Switzerland:  
**Fax: 0848 83 2000**  
**customerservice.ch@six-payment-services.com**  
 SIX Payment Services, Customer Service Switzerland  
 Hardturmstrasse 21, P.O. Box, CH-8021 Zurich

For the rest of Europe:  
**Fax: +352 20 880 228**  
**info.cwe@six-payment-services.com**  
 SIX Payment Services, Merchant Service International  
 Hardturmstrasse 21, P.O. Box, CH-8021 Zurich

Mailing address: SIX Payment Services, Hardturmstrasse 201, P.O. Box, CH-8021 Zurich  
 For your local contact: [www.six-payment-services.com/contact](http://www.six-payment-services.com/contact)

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