

Trinity University Payment Card Change/Termination Request

Department: _____

Campus address: _____

Merchant I.D. Account #:

MC/VISA _____

AMEX _____

DISCOVER _____

Business Office Use Only	
Merchant ID (MID)	_____
Terminal ID (TID)	_____
Datawire ID (DID)	_____
Submitted to ITS on:	_____

_____ Change department information

_____ Terminate department account

Check all boxes containing a change and indicate new information

_____ Contact: _____

_____ Telephone: _____

_____ E-mail: _____

_____ Fax: _____

_____ Dept. Account # for deposits: _____

_____ Dept. Account # for fees/chargebacks: _____

Credit Card processing method/equipment

_____ Credit Card terminal

_____ Cash Register

_____ PC Software

_____ TouchNet

Department Goods/Services offered by accepting credit cards:

Departmental authorization: Name: _____
(please print)

Signature: _____ Date: _____

Please return the completed form to:

Name: _____ Department: _____

Business Office approval: _____ Date: _____