



## Authorized Decision Maker Form

Please add \_\_\_\_\_ as an authorized decision maker to this merchant processing account effective immediately. He/She is authorized to initiate any changes to this merchant processing account and sign all necessary documents.

\_\_\_\_\_  
(business name)

\_\_\_\_\_  
(merchant id number)

\_\_\_\_\_  
(owners printed name)

\_\_\_\_\_  
(owners signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(authorized user's printed name)

\_\_\_\_\_  
(authorized user's signature)

\_\_\_\_\_  
(date)