



J.P.Morgan

FRAUD ENHANCEMENT ACCESS FORM *(For New Merchants and Existing Merchants)*

Company Name: _____ Company #/No.: _____

- Please be sure to include the information below for all employees who need to access Fraud Enhancement.**
- Access will be granted at the company level for **Fraud Enhancement** unless otherwise specified.
- Please email this signed form to the Merchant Services Coordinator (PTI-NPS@chasepaymentech.com) or EU Merchant Support (EUMerchantSupport@jpmorgan.com).
- Please note:** You, the merchant, are responsible for advising Chase of changes in Fraud Enhancement contacts. Chase assumes no responsibility or liability of any kind for Merchant's failure to advise Chase of changes to or elimination of Fraud Enhancement Users.

Please be sure to complete all fields belowSalutation: Check one: ☐ Mr. ☐ Ms. ☐ Mrs.

Name: _____ Title: _____

Phone #/No: _____ Fax #/No.: _____
(Include Country code) (Include Country code)

Address: _____

City: _____ State/Prov/County: _____ Zip/Postal Code: _____ Country: _____

Email Address: (40 bytes) _____
(username@domain.com)Does this user have a Paymentech Online User ID? ☐ Yes ☐ No If yes, please provide User ID: _____Is this user replacing an individual with Fraud Enhancement access? ☐ Yes ☐ No If yes, who? _____

Fraud Enhancement Roles:	<input type="checkbox"/> Card number Filter <i>(The ability to decline transactions based on a specific full card number)</i>	<input type="checkbox"/> Issuing Country Filter <i>(The ability to decline transactions based on a card issued in a particular country)</i>
	<input type="checkbox"/> View Only <input type="checkbox"/> Edit Only <input type="checkbox"/> Supervisor Role (Co level only) <i>(Supervisor Role provides both View and Edit ability to all Filters and pushes data changes down through the hierarchy) (Select only one)</i>	<input type="checkbox"/> View Only <input type="checkbox"/> Edit Only <input type="checkbox"/> Supervisor Role (Co level only) <i>(Supervisor Role provides both View and Edit ability to all Filters and pushes data changes down through the hierarchy) (Select only one)</i>

For additional Users, please submit additional forms.I, _____, _____ verify that the
(Print Name) (Title)*

contact information is accurate, that I have the authority to make such a request and thus it should be used to grant access for these contacts to access Fraud Enhancement. You, the merchant, are responsible for advising Chase of changes to Fraud Enhancement contacts. Chase assumes no responsibility or liability of any kind for Merchant's failure to advise Chase of changes to or elimination of Fraud Enhancement Users.

Signature: _____****(must be signed by Executive or Financial Contact)***