



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

Company Name: \_\_\_\_\_ Company #/No.: \_\_\_\_\_

- 1. Please be sure to include the information below for all employees who need to access Fraud Enhancement.
2. Access will be granted at the company level for Fraud Enhancement unless otherwise specified.
3. Please email this signed form to the Merchant Services Coordinator (PTI-NPS@chasepaymentech.com) or EU Merchant Support (EUMerchantSupport@jpmorgan.com).
4. 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 below

Salutation: 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? \_\_\_\_\_

Table with 2 columns: Fraud Enhancement Roles and Filter options. Includes checkboxes for Card number Filter, Issuing Country Filter, View Only, Edit Only, and Supervisor Role.

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)