



## PROCESSING LIMIT CHANGE FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (209) 320-2108.  
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED  
DOCUMENTS ARE PROVIDED AND APPROVED.  
*Thank you for your cooperation.***

**Merchant Name:** \_\_\_\_\_

**Merchant Number:** \_\_\_\_\_

**Requested Monthly Processing Volume:** \_\_\_\_\_

**Requested Average Ticket:** \_\_\_\_\_

**IN ORDER TO PROCESS YOUR REQUEST, AN EXPLANATION FOR THE  
REQUESTED CHANGE NEEDS TO BE PROVIDED. PLEASE EXPLAIN THE  
REASON FOR THE CHANGE BELOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note: Additional documentation may be required to process your  
request.**

\_\_\_\_\_  
**Signature of Authorized Principal**

(as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

If you should have any questions, please contact our Merchant Services department at  
(800) 396-5660 Ext 1