



Control Prong / Authorized Signer Change Form

Submerchant Name: _____ MID: _____

New Control Prong Information

Name: _____ Title: _____ DOB: _____

Phone: _____ Email: _____ SSN: _____

Address: _____ City: _____ St: _____ Zip: _____

Change Requested By

Current Control Prong Beneficial Owner (50%)

Requestor Information:

Name: _____ Title: _____ DOB: _____

Phone: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Signatures

NEW Control Prong Signature Date: _____

Printed Name

Change Requestor Signature (Current Control Prong or Beneficial Owner) Date: _____

Printed Name

Internal Notes

Reviewed By: _____ Title: _____ Date: _____