Merchant Account Online Access Form

INSTRUCTIONS

Participant Making Request

- 1. This form is to be used by participants in the SunTrust Merchant Services (STMS) Merchant Card MSA, but only for those participants for which the Department of State Treasurer (DST) is the administrator. This form may be used for User ID adds, deletes, or modifications.
- 2. For participants serving as their own administrator, each participant has an individual who serves as the administrator and that individual should be contacted for all UserID maintenance needs.
- 3. If a user needs assistance in password resets, he (she) can contact DST by telephone or email:
 - Sandra Smith at (919) 814-3873
 - Jody Joyner at (919) 814-3886
 - > Email at dst.ceoadmin@nctreasurer.com

Merchant Settlement Bank Account Information Bank Name: Settlement Account Number: Accounts for Merchant Card transactions are Zero Balance Accounts (ZBAs) that sweep to a State Treasurer bank account, which are then certified on CMCS. User Deletes The following users should be deleted: Name (Last Name, First Name) UserID Assigned Email Address	Participant (Agency) Name:					
Bank Name: Settlement Account Number: Accounts for Merchant Card transactions are Zero Balance Accounts (ZBAs) that sweep to a State Treasurer bank account, which are then certified on CMCS. User Deletes The following users should be deleted:						
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Name (Last Name, First Name) UserID Assigned Email Address			I =			
	Name (Last Name, First Name)	UserID Assigned	Email Address			

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User Adds					
The following users should be added:					
Name (Last Name, First Name)	Mailing and Email Address	Phone #	Fax #		

User Changes					
The following users are already setup, but their email or telephone number needs to be changed (updated):					
Name (Last Name, First Name)	UserID Assigned	Old Information	New Information		

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Required Signature – Participant's Authorized Signer					
The signature of the participant's authorized signer below indicates his/her request to add/delete/change users as referenced above; as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.					
Participant (Agency) Name:					
Chief Fiscal Officer's Name:					
Title:					
Signature:					
Date:	Email Address:				
For DST Use Only: DST will use this section to notify each new user above of their assigned User ID and initial temporary password.					
Name (Last Name, First Name)	User ID	New User Temporary Password			
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