

REQUEST FOR MERCHANT PORTAL ACCESS

Office of the State Treasurer Arizona 1700 W. Washington Street, Suite 102, Phoenix, AZ 85007 Send completed form to banking@aztreasury.gov (Type or print information)

Agency and Requestor Information:	Date:
Agency Name:	
Requestor Name:	
Requestor Email:	Phone Number:
User Information:	
1. User Name:	Title:
Email:	51
2. User Name:	
Email:	Phone:
3. User Name:	
Email:	Phone:
4. User Name:	
Email:	
Merchant Account(s) Requesting Access: <u>Instructions:</u>	
 This form must be signed by the Department/ Division's Superv. Enter one merchant entitlement per user. For instance, one user American Express merchant account. 	

- Choose Access Type:
 - o Reporting: Access comprehensive card processing reporting solutions to manage your business
 - o Dispute Manager: Respond to charge-back/retrieval disputes utilizing a work-flow management response tool
 - o Both: Reporting and Dispute Manager access
 - o Mirror: To mirror access of any user. Please provide the User ID in the merchant ID field(s)

Request Type	User Name	Visa, Master Chain/Outlet ID	Amex Cap/Outlet ID	Access Type

Certification:

- I certify that the information collected from the merchant portal will be used for valid public purpose and will be in compliance with the state policies and procedures.
- I certify that prior to be granted access to the above merchant account(s), I have completed all required PCI training for compliance with Payment Card Industry Data Security Standards.

Signature of Requestor	Signature of Approver		
Name of Requestor	Name of Approver		
Title of Requestor	Title of Aprover		
Treas	irer's Office Use Only		
Completed By:	User Name ClientLine ID Amex Portal	ID	
Completed Date:			