CHASE J.P.Morgan

REPORT CENTER, CHARGEBACK MANAGEMENT, and TRANSACTION HISTORY ACCESS FORM

Company Name: _____ Company#: _____ Date: _____

1. Please be sure to include the information below for employees who need access to Transaction History, Report Center or Chargeback Management applications.
2. Standard reporting consists of financial and chargeback activity reports; some reports may have fixed default levels.
3. Report delivery will be web based via Paymentech Online (PTO).

Please be sure to complete all fields below:

☐ Mr. ☐ Ms. ☒ Mrs. Name: Ellen Dellicolli Title: Implementation Manager

Phone #: 800-846-1305 Fax #: N/A

Address: 303 Perimeter Center North, Suite 425

City: Atlanta State/Prov: GA Zip/Postal Code: 30346 Country: USA

Email Address: *(40 bytes)* datafiles@optimizedpayments.com
(username@domain.com)

1. **Does this contact have an existing User ID?** ☐ Yes ☒ No If yes, provide User ID: _____
2. **Is this contact replacing an existing PTO contact?** ☐ Yes ☒ No If yes, provide name: _____
3. **Has the existing PTO contact left the company?** ☐ Yes ☒ No
4. **Account Masking** *(defaults to company setting if not specified):* ☒ First 6/Last 4 ☐ Last 4
5. **Enable each/all applications listed below that the contact should have access to and complete each section fully:**

Transaction History ☒ Yes ☐ No

Standard hierarchy access is Company level (includes all levels) unless specific Business Unit or Transaction Division is selected below: ***(Please select only one)***

☒ **Company** *[default]* ☐ **Business Unit(s)** *(includes all related Divisions)* ☐ **Transaction Division(s)**

Please specify numbers: _____

Report Center ☒ Yes ☐ No

Standard hierarchy access is Company level (includes all levels) unless specific Business Unit, Funds Transfer Instruction or Transaction Division is selected below: ***(Please select only one)***

☒ **Company** *[default]* ☐ **Business Unit(s)** *(includes all related Divisions)* ☐ **Funds Transfer Instruction(s)** ☐ **Transaction Division(s)**

Please specify numbers: _____

Chargeback Management ☒ Yes ☐ No

Standard hierarchy access is Company level (includes all levels) unless specific Business Unit or Transaction Division is selected below: ***(Please select only one)***

☒ **Company** *[default]* ☐ **Business Unit(s)** *(includes all related Divisions)* ☒ **Transaction Division(s)**

Please specify numbers: _____

Chargeback Management Roles *Indicate all roles that apply*		
	☐ **IQA** - *Manager/supervisor – one who assigns work to MCAs*	☐ **MRQA** - *Retail Retrieval Requests Manager/supervisor – one who assigns work to MRAs*
	☐ **MCA** - *Merchant Analyst – one who works the chargeback's*	☐ **MRA** - *Retail Retrieval Requests Merchant Analyst – one who works the retrieval requests*

For additional users, please submit additional forms.

I, _____ (Print Name) , _____ (Title)* verify that the 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 Transaction History and/or Report Center. You, the merchant, are responsible for advising Chase of changes to Paymentech Online contacts. Chase assumes no responsibility or liability of any kind for Merchant's failure to advise Chase of changes to or elimination of Paymentech Online Users.

Signature: *Digital and Electronic Signatures not Acceptable* _____

***(must be signed by Executive or Financial Contact)**