

## **Change Address**

Use this form to change your a	ddress as registered at	European Merchant	Services B.V., opera	ting under the name Fiserv.
Compulsory fields are indicated	d by an *			
Your Merchant ID*: (The Fiserv Merchant ID can be found o	n your Acceptance Agreemer	t or in the description of F	iiserv payments on your bai	nk statement after "Merchant ID".)
Customer details				
Trade name*				Maximum of 22 characters
Legal name*				Maximum of 35 characters
Contact person*	□Mr. □Mrs. □Ms.			
Email address*				
Business address*				
Postal code and city*				
Telephone number*				
Mailing address*				
Postal code		City		
New details				
Business address*				
Postal code and city*				
Email address				
Telephone number*				
Mailing address*				
Postal code		City		

New details valid starting* (dd-mm-yyyy)			
Date of signature (dd-mm-yyyy)			
Name of authorized signatory			
ç ,			
Signature			
Note:			
We can only process this form if all the corr	rect fields have been completed prop	erly.	
This form must be signed by an authorized signatory			

You can send this form by email to account.nl@fiserv.com.

## Connect with us

Change Address

Schedule a free consultation with a Fiserv representative today.

NL: +31 (0) 20 6 603 120 contact.nl@fiserv.com

BE: 0800 711 88 contact.be@fiserv.com

Fiserv is driving innovation in Payments, Processing Services, Risk & Compliance, Customer & Channel Management and Insights & Optimization. Our solutions help clients deliver financial services at the speed of life to enhance the way people live and work today.

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