



Change of Merchant Account Data

Name of company / Merchant	Client number, terminal ID etc.		
For changes of merchant account data, we charge a fee of EUVAT).		statutory	
Please complete and send back to support.de@globalpments Acquiring International GmbH, Elsa-Brändström-	-	to GP Pay-	
Change effective as of(Date)			
Account data for credits resulting from card to	ansactions / for transactions		
☐ Account data as specified for SEPA direct debit	mandate / collection authorization (see below)		
OR Account data as follows:			
Account holder	Bank's name and country	Bank's name and country	
IBAN / national account number	BIC / SWIFT / national bank code		
Card Acceptance (CP) at your card payment term	inal (POS)		
for all ordered payment methods	for girocard for Mastercard, Visa, Maes	stro, V PAY	
Card Acceptance (CNP)	мото		
for all ordered settlement currencies			
for the settlement currencies checked in the following	wing: BUR CAD CHF CZK	□ DKK	
GBP HUF JPY NOK PL	I SEK TRY USD ZAR Multi	currencies	
Online money transfer giropay+eps A	cceptance eps iDEAL paydi	irekt	
SEPA Direct Debit Direct Debit Services (for direct of and the Netherlands is required.	debit, a merchant account in one of the countries Gern	nany, Austria	
mented change will be confirmed per e-mail. For y	n by Global Payments Germany is required. This person must ding a copy of the identiy card.		
Account data for SEPA direct debit mandate	collection authorization		
Direct debit account for the collection of your billing amou	ints and of negative turnovers where applicable:		
Account holder	Bank's name and country		
IBAN / national account number	BIC / SWIFT / national bank code		
Creditor ID: DE16ZZZ00000000651	Mandate reference: Will be imparted separately		
We/I herewith confirm that with effect from the date specified above. We/I authorize GP Payments Acquiring Ir specified account by means of direct debit. Likewise, we Payments by debiting our/my account.	iternational GmbH ("EVO Payments") to collect payme	ents from the	
→ For SEPA direct debits, we/I can claim reimbursem the debiting date. The conditions agreed upon with	ent of the charged amount within eight weeks, beginning wi n our/my bank shall apply.	th	
Name in capital letters Function	Place, date, signature		