Merchant Account Online Access Form

INSTRUCTIONS

Participant Making Request

- 1. This form is to be used by participants in the First Data Merchant Services (FDMS) 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
 - > Email at dst.ceoadmin@nctreasurer.com

Participant (Agency) Name:					
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.					
account, which are then certified on owide.					
User Deletes The following users should be deleter	ed:				
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:						
-	ch new user above of their assigned User I	. ,				
Name (Last Name, First Name)	User ID	New User Temporary Password				

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