Merchant facility & terminal management request form

To set up an additional merchant ID for a new or existing site, please fill in this form and email to **css@anz.com**

Request type

☐ New merchant ID ☐ New terminal ID(s) ☐ Temporary facility ☐ Closure request

Merchant details

Merchant ID

Existing merchant ID (to replicate rates/features/refund limits)

Legal name

Trading name

Site contact details

Name

Phone

Email

Trading and/or postal address (if new)

Trading address

Postcode

Postal address

Postcode

Facility/Terminal information

Number of terminals required

Type of facility required ☐ Card present ☐ Card not present

Date required D D M M 2 0 Y Y or ☐ As soon as possible

Add facilities as per existing merchant ID ☐ Yes ☐ No

If No, specify required features/refunds

Refund functionality required ☐ Yes ☐ No

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Bank account details (if new)

Account name

Account number

Bank | Branch number | Account number | Suffix

Receipt details Line 1 | Line 2 | Line 3

Temporary facility (if applicable)

From D D M M 2 0 Y Y To D D M M 2 0 Y Y

Closure request (if applicable)

Last trading date D D M M 2 0 Y Y

Apply closure to ☐ Merchant number ☐ Terminal ID

Merchant/Terminal number to be closed

Closure notes

Special instructions

For details about how we collect, handle, use, and disclose your information, your rights to access and correct it, and how to raise complaints or concerns, please see our Privacy Statement.