

Amex Online Merchant Services UserID Change Form State of North Carolina

INSTRUCTIONS

1. This Amex Online Merchant Services UserID Change Form is to be used by participants in the MSA between American Express and the Office of the State Controller, for the purpose of establishing UserID access to Amex's online reporting tool, and for making changes (adds, deletes, or changes).
2. The form accommodates entities that have multiple Amex outlet (establishment) numbers under a single Amex chain number. While Amex has an online registration feature, it does not accommodate entities having multiple outlet numbers.
3. This UserID change form should be completed by the participant's Chief Fiscal Officer and emailed to osc.form.merchantcard@osc.nc.gov.
4. OSC will verify the identity of the individual who submits the form before acting on the request. OSC will then submit the request to Amex authorizing the user maintenance to be performed.
5. If a user needs assistance in password resets, please contact Amex by telephone: SRG
Operations – Government - Tel: (877) 692-6373, Option #3

Participant Making Request

Participant (Agency) Name: _____

User Access Level

Check One:

- Access applies to Chain level (User has access to all merchant/outlet numbers)
 Access applies to a specific merchant/outlet number

Amex Chain Number: _____

Amex Merchant/Outlet Number: _____

User Deletes

The following users should be deleted:

| Name (Last Name, First Name) | UserID Assigned | E-Mail Address |
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User AddsThe following users should be added:

| Name (Last Name, First Name) | Mailing and E-Mail Address | Phone # | Fax # |
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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 Chief Fiscal Officer

The signature of the participant’s chief fiscal officer below indicates his/her request to add/delete/change users of American Express Online Merchant Services 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: _____

Special Instructions for Amex:

The OSC Administrators are to be given access at the Chain (Cap) level for any new Chain numbers added.

For OSC Use Only:

OSC will use this section to notify each new user above of their assigned User ID and initial temporary password. For all deletes and changes, OSC will notify the user by either fax or email.

| Name (Last Name, First Name) | User ID | New User Temporary Password |
|------------------------------|---------|-----------------------------|
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