



Forte Client Transfer Request

Merchants may have their client data transferred to other Forte merchants or a PCI compliant third party for the indicated fees. Select the desired option and fill out the section accordingly. Put the originating Forte MerchantID on the line at the bottom, sign and date the request then fax the completed form to 469-675-8731. All requests will be authenticated and verified.

OPTION #1: I want to transfer all client records to Forte MerchantID _____

Include unprocessed (future) scheduled transactions: **NO/YES (Circle one)**

Client records will be transferred from one merchant account to the other after the request is approved.

OPTION #2: I want to transfer client records to multiple Forte MerchantIDs.

Include unprocessed (future) scheduled transactions: **NO/YES (Circle one)**

Merchant will be provided a spreadsheet of clients and will need to fill in the Forte MerchantIDs they are to be transferred to. Client records will be transferred to the indicated MerchantIDs after the request is approved.

OPTION #3: I want to transfer client records to a PCI compliant third party. **(This request is processed at the end of the month*)*

Please provide the following:

- i) Third party contact information including entity name and email address.
- ii) PGP key for encrypted file transfer(*PGP key is preferred method; Alternatively, data may be sent via a self-decrypting file)
- iii) Proof of Third Party's PCI-Compliance –This will be required if we are unable to independently verify such compliance
 - Data will be provided in spreadsheet format. Encrypted file will be transferred to the third party after the request is **approved** and the third party's PCI compliance is verified. *Transfer fee: \$149.00 + .10 per record. (Max charge \$500.00)*
 - *An additional **\$250.00** fee will be assessed for transfer requests processed before end of the month.

After the Transfer is complete :

(check one of the following)

- Please Close MID _____
- Please send a Closure Request form to _____(email address)
- Do not** close MID _____

Forte MerchantID

Authorized Signature

Title Of Authorizing Individual

Merchant Name.

Transfer Target Date

Date of Request