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Sign and fax the completed form to 1-480-449-8823. E-mail: clientsupport@ccbill.eu.com for assistance.

ACCOUNT AUTHORIZATION

Account Number: _____

The Authorized Individual will have the ability to make the selected change(s) until further notice is received from the Account Holder to revoke such authorization. This form requires signature of both the Authorized Individual and the Account Holder, in order for the change(s) to take effect.

Selected the change(s) below that may be made with this authorization:

- _____ Change of address or wire information
- _____ Placing a minimum payout on the account
- _____ Placing a split on the account
- _____ Change of ownership
- _____ E-mail addresses
- _____ Name of person(s) to split
- _____ Tax ID
- _____ Change of Transfer Type (i.e., USPS, FedEx or Wire)
- _____ Change of check name
- _____ Issue stop payment on checks
- _____ Account cancellation

Authorized Individual Name: _____

Authorized Individual Signature: _____

Account Holder's Name: _____

Account Holder's Signature: _____

All requests need to be filled out and faxed to us. Please do not assume a change has been made until you receive an E-mail confirmation.