Donation Point Tap (NZ)

Service Change Request Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Details | | | | | | | | | | | | | | | | |
| Customer/Trading Name: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Merchant Number: Click or tap here to enter text. | | | | | | | | Terminal ID: Click or tap here to enter text. | | | | | | | | |
| **I/We wish to request the following service change:** | | | | | | | | | | | | | | | | |
| Deactivate Terminals\* | | | | | Reactivate Terminals\*\* | | | | | Cancel all Terminals\*\*\* | | | | | | |
| \*No charge to deactivate terminals, a 30-day notice period applies | | | | | | | | | | | | | | | | |
| \*\*Reactivation requests will attract a service charge of $18.00 NZD + GST per terminal | | | | | | | | | | | | | | | | |
| \*\*\*Please contact your NZ Business Banker to arrange cancellation of your DPT Merchant Facility | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please complete the following with your Bank | | | | | | | | | | | | | | | | |
|  | Contact your Banker to advise of any temporary or permanent Donation Point Tap deactivations | | | | | | | | | | | | | | | |
|  | Provide Quest with confirmation from your Banker that terminals have been deactivated\* | | | | | | | | | | | | | | | |
| \*This is required to ensure that monthly charges are stopped | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Terminal Details | | | | | | | | | | | | | | | | |
| Please list the serial number of the terminals subject to this service change: eg. 2700XXXX | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | |  | | Click or tap here to enter text. | |  | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | |  | | Click or tap here to enter text. | |  | Click or tap here to enter text. | | | |  | | Click or tap here to enter text. | | | | | |
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| Click or tap here to enter text. | |  | | Click or tap here to enter text. | |  | Click or tap here to enter text. | | | |  | | Click or tap here to enter text. | | | | | |
| \*Please attach an additional sheet if required | | | | | | | | | | | | | | | | |
| Reactivations | | | | | | | | | | | | | | | | | | |
| Please indicate if your Direct Debit account details have changed: | | | | | | | | | | | | | | | | | | |
| No | | | | | Yes (if yes, a new Direct Debit Request form will need to be completed) | | | | | | | | | |
| Cancellations | | | | | | | | | | | | | | | | |
| Please indicate reason for cancelling your service: | | | | | | | | | | | | | | | | |
| Technical Issues | | | | | Unable to deploy terminals | | | | | | Not generating revenue | | | | | |
| Other (please specify) | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signatures Merchant/Director | | | | | | | | | | | | | | | | |
| Signature: | | | | | |  | | | Signature: | | | | |
| Name: Click or tap here to enter text. | | | | | |  | | | Name: Click or tap here to enter text. | | | | | | | | |
| Date: Click or tap to enter a date. | | | | | |  | | | Date: Click or tap to enter a date. | | | | | | | | |