

Request for change Combo payment methods in-store



This document is an application by the merchant to amend or terminate the existing acceptance contract concerning Combo payment methods for in-store collection with PostFinance. The following changes can be submitted using this document:

- Change of credit account (fill in sections 1, 3, 9)
- Change/transfer of previous terminal location (complete sections 1, 2, 9)
- Register additional terminal location (complete sections 1, 2, 3, 9)
- Change of correspondence (fill in sections 1, 4, 9)
- Change in remuneration frequency (complete sections 1, 5, 9)
- Change of transaction overview (fill in sections 1, 6, 9)
- Termination of contract (fill in sections 1, 9)

For changes to your master data (e.g. company name, address, legal form, etc.), please call us on +41 58 448 14 24.

1. Contractual partner / master data

Existing TID ¹	Existing MID (optional)	
Company name		
Street/no.		
Postcode/ town/country		
Contract changes to be made	Contract changes ²	Contract termination ²
valid from ²	(dd.mm.yyyy)	

¹ Please indicate one of your existing terminal identification numbers (TID). The TID can be found in various ways:

- a) Via the payment terminal under the menu item "Device information"
- b) Via the sticker on the back or side of the payment terminal
- c) Via an existing receipt/via an existing payment slip

² The reported changes to the "Request for change – Combo payment methods in-store" enters into effect once PostFinance has checked and confirmed the request for change. No retroactive changes can be made. Account transfers from a PostFinance account to a bank account can only be made to take effect on the first day of the following month.

2. Change: payment terminal location

Change to existing terminal location	Enter additional terminal location ³
Affected TIDs (mandatory)	
Affected MID (optional)	
Name of business/company	
New location address	Street/no. _____ Postcode/ town _____
New contact person	First name _____ Last name _____ Function _____ Tel. _____ E-mail _____

³ At the same terms and conditions as the existing Combo payment methods. For the registration of more than one terminal location, please contact aqs@postfinance.ch.



3. Change: credit account

Change to existing credit account¹

Add a new credit account for new terminal location

Confirmation of the existing credit account for the new terminal location²

Existing IBAN credit account³ CH _____

New IBAN credit account CH _____

Your QR reference _____

Mandatory for QR-IBAN-enabled CHF accounts only (CHXX 030X to CHXX 032X)

Financial institution _____

Postcode/town/country _____

Name of account holder _____

Must be identical to the contractual partner as per section 1.

Account address The details must correspond to your account information exactly.

Street/no. _____

Postcode/town _____

¹ When you transfer credits from a PostFinance account to another Swiss bank account, your account with PostFinance is not automatically cancelled.

Account transfers from a PostFinance account to a bank account can only be made to take effect on the first day of the following month.

² Only needs to be filled in if a new terminal location is added.

³ Must be specified only when changing an existing credit account.

4. Change: correspondence

Language DE FR IT EN

Address To business address To terminal location

Different address:

Company _____ FAO _____

Street/no. _____ P.O. Box _____

Postcode/
town _____ Country _____

E-mail _____ Tel. _____

5. Change: remuneration frequency

New remuneration frequency⁴ Daily⁵ Weekly, invoicing on _____

Monthly⁶ (weekly: Monday – Friday)

Price posting⁷ Separate booking (same as remuneration frequency)

Net booking (the conditions/fees are deducted directly upon payment)

⁴ Payments that have already been scheduled remain unaffected by the change. This is why newer credits can overtake older ones when they are posted.

⁵ Payments are generally made within 24 to 48 hours, except on public holidays and weekends.

⁶ Generally on the first day of the following month, excluding public holidays and weekends.

⁷ Selection possible only when crediting to a PostFinance account. When paying out to another bank account, the conditions/fees are always deducted directly.



6. Change: transaction overview

Credit advice (PDF)	Credit advice per branch	Statement of all remuneration (summary of all branches)	
	Periodicity	Daily	Monthly
	Delivery	In e-finance ¹	Via e-mail _____
Merchant Portal ² (online transaction portal)	E-finance number ¹	User identification (first and last name) ²	
_____		_____	

¹ Possible only with a PostFinance business account. If no e-finance number is specified, PostFinance cannot grant authorization.

² If no user (first and last name) is specified, PostFinance authorizes all users of the e-finance number provided to access the Merchant Portal and download the documents. Please bear in mind that this information applies to all locations and to future locations. If this information differs from the previous information, the old information will be overwritten.

7. Comments

8. Data protection







Information on how PostFinance processes your personal data can be found in our General Privacy Policy at postfinance.ch/dps.

What you have to do when sending us personal data about other people

By sending us personal data about other people, you confirm that you are authorized to do so and that the data is correct. Please ensure that the third parties have been informed that PostFinance will process their data before you share the data and forward them the "Information on data protection" document or our General Privacy Policy, which can be found at postfinance.ch/dps.

9. Confirmation and signature

I/We hereby confirm with my/our signature that I/we understand and accept the "Subscriber Conditions for the acceptance of cash-less in-store payment methods" and the "PCI DSS compliance instructions Security standards for merchants".

Place	_____	Place	_____
Date	_____	Date	_____
			
Signature ³		Signature ³	
Last name	_____	Last name	_____
First name	_____	First name	_____

³ Two signatures are required for collective signing rights.

Please send the form to: PostFinance Ltd, Scan Center, 3002 Bern

Do you have any questions? Tel. +41 58 667 98 74, e-mail: aqs@postfinance.ch

