



Rekey Request Form

(to be filled out by MERCHANT)

Merchant DBA: _____

Merchant ID (MID): _____

I am requesting and giving authorization for TSYS to reprocess ("rekey") transactions that have not been transmitted through the merchant account noted above for the total dollar amount of \$_____ (total amount requested) for transactions ranging from the following dates: _____ to _____.

I understand that this agreement will not supersede any conditions stated in my Merchant Agreement with TSYS, and that the following statements are purely to educate me and reaffirm my understanding of the possibility of chargebacks and declines on all transactions, regardless of the situation in which they occur. I understand that the chance of a chargeback occurring on any given transaction is directly proportional to the amount of time between the authorization and settlement of the transactions. This means that the longer it takes to settle a transaction, the greater the chance that a chargeback will be initiated by the cardholder. I also understand that a transaction cannot be rekeyed if: (i) more than 30 days have passed since the original authorization; or (ii) the transaction is less than \$1.00.

By signing this form, I reaffirm that I am fully liable should any of the aforementioned chargebacks or declines result from a rekey performed by TSYS on my behalf. Furthermore, I understand that I may request up to 10 complimentary rekey transactions per month, and that every rekey request beyond this allotment will incur a \$25 per request rekey service fee.

Please select the reason for Rekey request:

☐ Missing transaction (receipts required)	☐ Undercharged (receipts required)
☐ Missing Tips (receipts required)	☐ Incorrect tip
☐ Refund	☐ Duplicate Charge
☐ Overcharged	

Original Transaction Amount	Tip Amount (for Missing Tip Only)	Card Last 4	Transaction Date

Authorized Name (Printed)

Authorized Signature

Date

Please email this form to partnerrekeys@tsys.com. Please allow 3 to 5 business days for processing.

****Please use the second sheet for additional requests.****

Original Transaction Amount	Tip Amount (for Missing Tip Only)	Card Last 4	Transaction Date

Authorized Name (Printed)

Authorized Signature

Date

Please email this form to partnerrekeys@tsys.com. Please allow 3 to 5 business days for processing.