



EVO Back-end Change Request Form

Please place current data in the Change from Section and then indicate adjustments in the Change to Section.

All opt blue pricing updates should be entered in the Opt Blue Pricing Options area down below. All forms must be emailed to EVOBackendRequest@EVOpayments.com except for Tax/SS#. For bank info updates, form must be faxed to 516-962-7654 and an email sent to the distribution. Please allow 2 business days to process.

Account Information

AP Requestor Name

Date

EDS MID 000

A360 MID

Does this contain sensitive information?

DDA/TIN/SS#

YES

NO

If yes, did you fax this form and send an email? ☐

Change From:

Change To:

OptBlue Pricing Options

Billing Type: ☐Tiered Daily-Gross Interchange ☐Daily-Gross Interchange ☐Monthly-Gross ☐Tiered Monthly-Gross

Plan #		Rate	Per Item	ADJF Rate	ADJF Per Item
A360 Plan 2454	Tier 1				
A360 Plan 2454	Tier 2				
A360 Plan 2454	Tier 3				
Prepaid					
Prepaid					
Prepaid					
Refund					
A360 Plan 8973	CNP				
A360 Plan 8974	Network				
A360 Plan 8975	Inbound				

Notes:
