

SURCHARGE CHANGE INFORMATION

Location Name: _____

Location Address: _____

Location Phone: _____

Terminal ID: _____

Old Surcharge: \$ _____

New Surcharge: \$ _____



SIGNATURE

**SURCHARGE
CHANGE
FORM**

I acknowledge I am authorized to make this change at the terminal site. I will be available to receive a telephone call from AmericaOne's Service department on that date to make any and all changes required at the terminal site. I verify I will affix the new fee notice to my terminal the same day the surcharge change is made.

SIGNATURE

DATE

PRINT NAME