



GIFT CARD ADJUSTMENT AUTHORIZATION FORM

Authorized contacts on the account should complete, sign and submit this form for any needed gift card adjustments.
The completed form can be emailed to giftcardteam@shift4.com.

MERCHANT INFORMATION

DBA NAME	MERCHANT ID NUMBER (MID)
EMAIL ADDRESS	

CARD ADJUSTMENT

I need to adjust the balance on an individual gift card

Gift Card Number: _____

Starting Balance: _____

Ending Balance: _____

I need to bulk load a batch of gift cards

First gift card number in batch: _____

Last gift card number in batch: _____

Important: Please be sure to also send an Excel file that includes the full list of card numbers and balances.

By signing below, I give Shift4 permission to adjust the amount(s) on the gift card(s) listed above. Additionally, I agree that Shift4 is not responsible for any resulting liability or damage(s) for taking the indicated action.

NAME: _____

SIGNATURE: _____ DATE: _____