



Confirmation of payee (CoP) Opt out/Opt in request form

With this form I confirm I'm a person whose name is below or authorized person to complete this form on behalf of the account holder.

Please complete and return this form: support@sumup.co.uk

Confirmation of payee (CoP) Opt out/Opt in request form. Merchant ID - Add it to the email subject.

Mandatory fields marked with*

Requesting person:	
Name and Surname*	
Phone number*	
You requesting:	
Opt Out of CoP* (Yes, otherwise "-")	
Opt In of CoP* ((possible only if you are opted out)* - (Yes, otherwise -))	
Information who requesting to Opt Out:	
Merchant ID*	
Account name*	
Account number*	
Sort Code*	
For Opt Out request only:	

Specify a reason as detailed as possible*	
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