

Merchant Request to Close Processing Account

Date: _____

I hereby request that the merchant processing account for the business indicated below be terminated as allowed per my processing agreement effective _____. I understand that my deposit account will be debited for any processing fees outstanding (including any future chargeback's). Pursuant to my agreement terms, I may incur an early termination fee for this request. Please refer to my Merchant Agreement for any applicable termination fees.

NOTE: YOUR ACCOUNT WILL CONTINUE TO BE BILLED MONTHLY FEES UNTIL RECEIPT OF COMPLETED CLOSURE FORM.

I, _____ certify that I am the owner (if privately owned) or the authorized officer (if incorporated), and have the authorization to terminate this account.

Signature _____ Title _____ Date _____

Do you have any other active accounts? _____ Yes _____ No.

Please list the merchant ID #(s) you are canceling: _____

What is the reason that you are closing your account? _____

All information is required

Name of Business: _____

Date of Request: _____

Owner Name: _____

Corporate Name: _____

Address: _____

Phone#: _____

Fax #: _____