

Merchant Request to Close Processing Account

Date: _____

Please Complete and sign below, then
Fax: 888- 415-0052
Attn: Merchant Services

Mail to:
Merchant Services
255 Gold Rivers Court
Basalt, CO 81621

-OR-

I hereby request that the merchant processing account for the business indicated below be terminated effective _____. I understand that my deposit account will be debited for any processing fees outstanding (including any future chargeback's). **NOTE: YOUR ACCOUNT WILL CONTINUE TO BE BILLED MONTHLY FEES UNTIL RECEIPT OF COMPLETED CLOSURE FORM. You will need to contact American Express, Discover and your check processor separately in order to cancel those accounts.**

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.

If so, list the merchant ID numbers: _____

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

What could we have done better to continue serving your processing needs? _____

All information is required

Name of Business: _____

Date of Request: _____

Merchant ID#: _____

Federal Tax ID#: _____

Owner Name: _____

Corporate Name: _____

Address: _____

Phone#: _____

Fax #: _____