



ACCOUNT CANCELLATION FORM

MERCHANT INFORMATION

CORPORATE / LEGAL NAME

MERCHANT NAME (DBA OR TRADE NAME)

MID #

PLEASE SELECT A REASON FOR THE ACCOUNT CLOSURE

- ☐ UNSATISFIED WITH FEES/RATES/RESERVE TERMS
- ☐ UNSATISFIED WITH SALES REPRESENTATIVE/SUPPORT
- ☐ UNSATISFIED WITH PROCESSING SERVICES
- ☐ UNSATISFIED WITH SETTLEMENT SCHEDULE
- ☐ NO PROCESSING ACTIVITY
- ☐ UNSATISFIED WITH AMOUNT OF ON HOLD FUNDS
- ☐ MALFUNCTIONING EQUIPMENT/NOT RECEIVED EQUIPMENT
- ☐ BUSINESS CLOSURE. DATE OF CLOSURE _____
- ☐ IF OTHER, PLEASE SPECIFY BELOW:

NOTE:

Merchant is responsible for keeping open and funded bank account for 6 (six) months after the closure date. Merchant is responsible to cover any occurred chargeback or/and card brand fees after the closure date. All fees will be passed on according to the Merchant Agreement.

By signing this Account Cancellation Form, Merchant requests to initiate Merchant Account closure effective on _____.

PRINCIPAL'S SIGNATURE

PRINCIPAL'S FULL NAME

DATE