

CLOSURE REQUEST FORM

Date: _____

DBA: _____

MERCHANT ID #: _____

Reason for Closure:

☐ Business Closed/Sold

☐ No longer accepting credit cards

☐ Lower Rate from Different Processor

☐ Poor Service

☐ Other (Please describe) _____

By signing this closure form, you are requesting to close *only* the merchant credit card processing account. It remains *your* responsibility to cancel any other associated services we may have provided on your behalf. A list of such services is below along with their respective contact phone numbers.

Authorized Merchant Signature: X _____

**PLEASE FAX COMPLETED FORM TO:
1-888-738-2890**

American Express	1-800-528-5200
Discover Network	1-800-347-2000
Authorize.net	1-877-447-3938
eProcessingNetwork	1-800-971-0997
Geti Check/Gift card	1-888-481-0757
Telecheck	1-800-927-0655