



Please fax requests to 206.428.7102 or email to  
[cs@gravitypayments.com](mailto:cs@gravitypayments.com)

**DBA Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Merchant ID:** \_\_\_\_\_  
(required)

**Changes to fees:**

<b>From:</b> <input type="checkbox"/> Interchange Plus: _____ <input type="checkbox"/> Flat Rate: _____ <input type="checkbox"/> Tiered: Qualified: _____ Qual Debit: _____ Mid Qual: _____ Non Qual: _____ <input type="checkbox"/> Transaction Fee: _____ <input type="checkbox"/> Statement Fee: _____ <input type="checkbox"/> Monthly Minimum: _____ <input type="checkbox"/> Pin-Debit: _____ <input type="checkbox"/> Other: _____	<b>To:</b> <input type="checkbox"/> Interchange Plus: _____ <input type="checkbox"/> Flat Rate: _____ <input type="checkbox"/> Tiered: Qualified: _____ Qual Debit: _____ Mid Qual: _____ Non Qual: _____ <input type="checkbox"/> Transaction Fee: _____ <input type="checkbox"/> Statement Fee: _____ <input type="checkbox"/> Monthly Min: _____ <input type="checkbox"/> Pin-Debit: _____ <input type="checkbox"/> Other: _____
<b>Add:</b> <input type="checkbox"/> EBT Transaction Fee: _____ <input type="checkbox"/> EBT Statement Fee: _____	
<input type="checkbox"/> Pin-Debit Transaction Fee: _____ <small>(Plus Debit Network Fees)</small>	

*I understand that by accepting the fee reduction, my Merchant Contract for processing services with Gravity Payments is renewed for a **1** year term, which begins on the date of the acceptance of this agreement. Furthermore, I understand that cancelling this account before the end of term will result in an early termination fee of \$495 per account.*

*In accordance with the terms set out above, I authorize the above change(s):*

*Phil Torrone*  
\_\_\_\_\_  
Authorized signer of Account signature                          Name and Title (Please Print)