

# Merchant Services

## CLOSE MERCHANT ACCOUNT REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:**  
**ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.**  
**PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (323) 965-2848.**  
**THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE  
PROVIDED AND APPROVED.**

*Thank you for your cooperation.*

**Merchant Name:** \_\_\_\_\_

**Merchant Number:** \_\_\_\_\_

**Reason for Closure:**

- ☐ Do Not Need Credit Card Services
- ☐ Out of Business
- ☐ New Business Ownership
- ☐ Chose Different Credit Card Processor
- ☐ Misrepresentation
- ☐ Dislike Merchant Statements
- ☐ Fees too High
- ☐ Poor Service from Merchant Services
- ☐ Poor Service from Sales Representative

**Note:** Reason must be checked in order for account to be properly closed. Thank you.

\_\_\_\_\_  
**Signature of Authorized Principal** (as specified on the Merchant Application/Agreement)

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

If you should have any questions, please contact our Merchant Services department at (800) 477-5363 or email us at [information@ecenow.com](mailto:information@ecenow.com)