DDA Action Request

Date: _____   To: _____   From: _____

Merchant Name: _____   Merchant #: _____

☐ **Close DDA**   Reason: _____

☐ **Freeze Entire DDA:**   DDA# _____

Reason: _____

☐ **Establish/Change Miscellaneous Hold:**   DDA# _____

Reason: _____   Hold Amount(s): _____

☐ **Release Freeze on Entire DDA:**   DDA# _____

Freeze Date: _____

Reason for Release: _____

☐ **Release Miscellaneous Hold:**   DDA# _____

Reason for Release: _____   Hold Amount(s): _____

☐ **Release Reserve:** _____   RSV# _____

Mail Cashier's Check To: _____

☐ **Change Ongoing Reserve Contribution from** _____ **% to** _____ **%** RSV# _____

☐ **Transfer funds from Merchant DDA to Merchant Reserve** - DDA# _____   **to** RSV# _____

Transfer Amount: _____   Reason for Transfer: _____

☐ **Transfer funds from Merchant Reserve to Merchant DDA** - RSV# _____   **to** DDA# _____

Transfer Amount: _____   Reason for Transfer: _____

☐ **Transfer funds from Merchant DDA to CMS Reserve or CMS Settlement Account**   DDA# _____

Transfer Amount: _____ Reason for Transfer: _____

☐ **Transfer funds from Merchant Reserve to CMS Reserve or CMS Settlement Account**   RSV# _____

Transfer Amount: _____ Reason for Transfer: _____

Security Representative: _____   Date: _____

CMS Officer Approval: _____   Date: _____