## **Merchant Request to Close Processing Account** Date: \_\_\_\_\_ I hereby request that the merchant processing account for the business indicated below be terminated as allowed per my processing agreement effective \_\_\_\_\_\_. I understand that my deposit account will be debited for any processing fees outstanding (including any future chargeback's). Pursuant to my agreement terms, I may incur an early termination fee for this request. Please refer to my Merchant Agreement for any applicable termination fees. NOTE: YOUR ACCOUNT WILL CONTINUE TO BE BILLED MONTHLY FEES UNTIL RECEIPT OF COMPLETED CLOSURE FORM. certify that I am the owner (if privately owned) or the authorized officer (if incorporated), and have the authorization to terminate this account. Signature\_\_\_\_\_\_\_ Title\_\_\_\_\_\_ Date\_\_\_\_\_ Do you have any other active accounts? \_\_\_\_\_ Yes \_\_\_\_ No. Please list the merchant ID #(s) you are canceling: What is the reason that you are closing your account? All information is required Name of Business: Date of Request: Owner Name: Corporate Name: Address: Phone#: Fax #: