



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
NEW ACCOUNTS AT (209) 320-2144.
*Thank you for your cooperation.***

**ATTENTION: MERCHANTS WITH FREE EQUIPMENT
30 DAY CLOSURE PERIOD DOES NOT BEGIN UNTIL WE RECEIVE YOUR FREE
EQUIPMENT BACK WITH THE CLOSURE FORM IN THE BOX. SEE ADDRESS
AT BOTTOM.**

Business Name: _____
Merchant Number: _____
Merchant Name: _____
Merchant Phone: _____

Reason for Closure:

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

Note: Reason must be checked in order for account to be properly closed. Thank you.
If the account is closed before the 3 year agreement expires you may be subject to cancellation
fee.

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

Date

Note: Merchant must sign and complete all pertinent information above. Please allow 30 days to process request from the time that we receive the form and **ANY FREE EQUIPMENT** placed with the business. Return free equipment, including any pinpads and/or powerpacks, to **3247 W. March Lane Suite 220, Stockton, CA 95219**. Thank you for your cooperation. For questions, please call 209-444-7914 or 1-800-396-5660 x 7914