MERCHANT REQUEST TO CLOSE PROCESSING ACCOUNT

Please Print Legibly

Merchant ID#

Name of Business

I hereby request that the merchant processing account for the business indicated below be terminated effective _____.   I understand that my deposit account will be debited for any processing fees outstanding, as well as a termination fee, if applicable. I understand future chargebacks, if any, will also be debited from my deposit account.

NOTE: YOUR ACCOUNT WILL CONTINUE TO BE BILLED MONTHLY FEES UNTIL RECEIPT OF COMPLETED CLOSURE FORM.
YOUR ACCOUNT WILL BE CLOSED BY END OF MONTH IF RECEIVED FIVE BUSINESS DAYS PRIOR TO LAST DAY OF MONTH.

I, _____,**(Print Name)** certify that I am the owner (if privately owned) or the authorized officer (if incorporated), and have the authorization to terminate this account.

X Signature_____

    Title_____ Date_____

Do you have any other active accounts?   Yes   No   If yes, list the merchant ID numbers

_____

Would you like your confirmation of account closure by: Fax_____
(Please provide Fax # OR Email address.)
                                                          EMail_____

Please, select one reason that best describes why you are closing your account? (Select one reason.)

_____   Closing all Business Locations

_____   Duplicate Account/Multi-Location (still have open accounts with Elavon, please list Merchant ID's above)

_____   Sold Business / New Owners

_____   Discount / Pricing Issues

_____   Equipment / Product Issues

_____   Funding / Chargeback Issues

_____   Not Happy with Service Levels (customer service)

_____   Not enough Credit Card business

_____   Hold time too long when calling Customer Service

_____   Statements not arriving in a timely manner

_____   Changed Banks

_____   Seasonal Business (Indicate months closed)
           Jan   Feb   Mar   Apr   May   Jun
           Jul   Aug   Sep   Oct   Nov   Dec

What could Elavon have done to continue serving your processing needs?