

# Merchant Services

## CLOSE MERCHANT ACCOUNT REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:**

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETE D.

PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT **(281) 465-2596**.

THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE  
PROVIDED AND APPROVED.

PLEASE REFER TO YOUR MERCHANT PROCESSING AGREEMENT WITH RESPECT TO TIME FRAMES  
REGARDING MERCHANT ACCOUNT CLOSURES.

Thank you for your cooperation.

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

Merchant Number(s) (as appearing on your statement): \_\_\_\_\_

**Reason for Closure:**

**Brief Explanation:**

☐ Misunderstanding of Contract Terms (405)

\_\_\_\_\_

☐ Out of Business (022)

\_\_\_\_\_

☐ New Business Ownership (005)

\_\_\_\_\_

☐ Dislike Merchant Statements (407)

\_\_\_\_\_

☐ Processing/Compliance Fees too High (021)

\_\_\_\_\_

☐ Poor Service from Customer Service (402)

\_\_\_\_\_

☐ Poor Service from Technical Support (408)

\_\_\_\_\_

☐ Poor Service from Sales Rep/Office (403)

\_\_\_\_\_

☐ Funding/Chargeback Issue (406)

\_\_\_\_\_

☐ Equipment/Product Issue (401)

\_\_\_\_\_

☐ Do Not Need Credit Card Services (018)

\_\_\_\_\_

☐ Chose Different Credit Card Processor (017)

Name of new Processor: \_\_\_\_\_

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

What could we have done to continue servicing your processing needs? \_\_\_\_\_

\_\_\_\_\_

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 Customer Relations Department at (800) 327-0093 or email us at

[Acctmainthou@paysafe.com](mailto:Acctmainthou@paysafe.com)