



# Merchant Account Close Form

Fax to 801-581-4277

Please complete online, and then print for signatures and fax. Illegible or Incomplete forms may delay processing.

Request Date: \_\_\_\_\_

Name of Account: \_\_\_\_\_ Contact: \_\_\_\_\_

Department Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Visa/MasterCard Merchant #: \_\_\_\_\_

Discover Merchant #: \_\_\_\_\_

American Express Merchant #: \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

Date of Last Batch: \_\_\_\_\_

Do you have other accounts that should be closed?  YES  NO

If YES, please list Merchant #'s: \_\_\_\_\_

Software or Third Party Processor Used (if applicable): \_\_\_\_\_

Notified of Closure:  Yes  No

\*Equipment:  Rented or  Owned

\* If rented, please contact Customer Service at 1-800-451-5817 for return procedures.

Owned Equipment MUST be turned into Income Accounting. Call 585-5686 for assistance if needed.

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print) (Sign)

Cognizant Authority: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print) (Sign)

\*\*\* BOTH SIGNATURES REQUIRED\*\*\*

<b>Income Accounting Use Only:</b>			
Date Rec'd: _____	Rec'd By: _____	Request Sent to Bank: _____	Confirmed: _____