

MERCHANT REQUEST TO CLOSE PROCESSING ACCOUNT

Please complete and sign below, then Fax to:

or Mail to:

805-244-9266
Attention: Account Closures

Strategic Merchant Solutions
PO BOX 7717
Thousand Oaks, CA 91359

MSP Short Name: _____

MSP Phone#: _____

MSP Contact Name: _____

Merchant Request

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.

I, **X** _____ 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 _____

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

- | | |
|---|--|
| Closing all Business Locations | Statements not arriving in a timely manner. |
| Closing a Location but Not Total Business | Equipment / Product Issues |
| Sold Business / New Owners | Funding / Chargeback Issues |
| Not Enough Credit Card Business | Hold time too long when calling Customer Service |
| Changed Banks | Not Happy with Service Levels (customer service) |
| Seasonal Business (Check applicable months) | Pricing Issues |
| Jan Feb Mar Apr May Jun | |
| Jul Aug Sep Oct Nov Dec | |

What could SMS have done to continue serving your processing needs? _____

Required Information

Name of Business _____ Date of Request _____
 Corporate Name _____
 Owner Name _____
 Merchant ID# _____ Federal Tax ID# _____
 Address _____
 Phone # _____ Fax # _____
 eMail Address _____

For Customer Service Use Only

Conversion Yes No
 Other Active MID's Yes No
 < 12 Months _____
 > 12 Months _____
 Equipment: Own Rent Lease
 A call tag must be issued if equipment is rented from SMS.
 Call Tag issued/Date _____
 Notes: _____

For Masterfile Maintenance Use Only

DATE CLOSED _____
 ECLP _____
 TSYS _____
 MBS _____
 FDR _____
 FNS _____
 CLOSED BY _____