



Merchant Account Cancellation Request Form

PLEASE RETURN TO

support@go-afs.com

BUSINESS INFORMATION					
Merchant ID Number			DBA Name		
Legal Business Name (Must Match Information Filed With IRS)			EIN (Must Match Information Filed With IRS)		
Business Location Address			Business Mailing Address		
City	State	Zip	City	State	Zip

CONTACT INFORMATION					
Person Requesting Cancellation (First, MI, Last)			Person Requesting Cancellation Title		
Business Phone Number			Fax Number		
Email Address					

Cancellation Fee: You may be subject to a cancellation fee based on the terms of your merchant agreement.

Reason for Cancellation:

- Business Closed
- Discount Rate/Fees
- Chargeback/Risk
- Technical/Terminal Support
- Held Funds/Delayed Deposits
- Customer Service Issue
- Other (please describe) _____
- Sold Business, new owner will continue service
- New Owner Name: _____
- New Owner Phone: _____
- No longer accepting credit cards
- New Processor (if applicable) _____

YES NO I would like to be contacted for a complimentary rate review in 90 days.

I understand that I am responsible for canceling my AMEX Account and/or Payment Gateway Account.

Per my merchant agreement, I agree to keep my bank account open for six (6) months following my last transaction.

I understand that I am responsible for a \$_____ cancellation fee per my merchant agreement.

Comments:

Merchant Signature: _____ **Date:** _____

Merchant Print Name: _____

PLEASE NOTE: If you are doing business with an external payment gateway such as Auth.net/NMI/SwipeSimple, please contact them separately to cancel your gateway account.