## MERCHANT SERVICE ACCOUNT CLOSURE REQUEST FORM

## 2500 Cumberland SE Pkwy Suite 300 Atlanta, GA 30339

Email: <u>Updates@chargepayment.net</u>

Fax: (866) 224-9491

This form is for closing your **Mercant Account** credit card processing account **ONLY**. If you wish to close your Amex, Check processing, and/or Internet gateway account, you **MUST** contact them directly. Any requests to close your credit card processing account cannot be accepted unless the merchant completes **ALL** of the information below and the signature is verified by **Merchant Services**.

Merchant Business Name:	
Merchant Accour	nt Number:
Product related (I Freeze Account (I Other(Please Exp I/we hereby request above be closed, and above listed <b>Credit</b> of my/our other accoun	eed for service vnership competition
Name(s):  (Please print, must be sa	nme as signer(s) on merchant agreement)
Signature(s):	, , , , , , , , , , , , , , , , , , ,
5 ( )	
Phone Number:	
Email Address:	

Normal fax or email processing takes 1-3 days. You will be billed for the month of the cancellation and responsible for the last month fees and any related chargebacks.