



Deposit Inquiry Analysis Request Form

In order to comply with **security / privacy** standards, you must submit this request **in writing** and **fax** directly to our Support Department.

Please use this form to request an explanation of the deposits to your checking account.

This request can only be made by the actual **Signer** on the Merchant Account Agreement.

Our fax number is: 866.304.3386

Required information:

Merchant **Doing Business As** Name _____

Your Name _____

Title _____

Email Address _____

Phone _____

LOGIN ID of your Gateway _____

Merchant ID Number: _____

(Your merchant ID Number can be found on the Monthly Visa/MC statement that is mailed to you)

Please describe the deposits you would like an explanation of:

(Please attach your Monthly Visa/MC Statement and Monthly Checking Account Statement in question)

By signing below, I expressly authorize **Interchange Plus Solutions, LLC** or its affiliates to **fulfill the above request** in connection with my Merchant Account. (All information will be maintained strictly confidential.)

X _____
Owner/Officer Signature **Date**