



Refund Request Form

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

Please use this form to request a refund if you believe you have been billed incorrectly.

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 explain in detail why you believe you were billed incorrectly:
(Please attach any **supporting documentation** such as checking account statements for our review)

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**