



Termination Request Form

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

It is recommended that you review the terms of your Merchant Agreement PRIOR to terminating.

NOTE: Termination of your Merchant Account does NOT terminate your American Express account, nor does it terminate your e-commerce payment gateway (e.g. Authorize.net), if applicable. You must contact those companies DIRECTLY to terminate those accounts.

If this request is received after the 21st of the month, termination is effective the 1st of the following month.

This request can only be made by an individual expressly authorized by Merchant.

Our fax number is: 866-304-3386

Required information:

Doing Business As Name: _____

Your Name: _____

Title: _____ Phone: _____

Email Address: _____

16 Digit Merchant ID Number (required): _____

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

Please explain in detail why you are terminating your Merchant Account:

_____ Effective Date: _____

By signing below, I expressly authorize **Interchange Plus Solutions, LLC** or its affiliate to fulfill the above request in connection with my Merchant Account and understand that all applicable and surviving terms and conditions of the Merchant Agreement remain in effect.

Owner/Officer Signature: _____ **Date:** _____

Print Owner/Officer Name: _____ **Date:** _____