



411 West Putnum Ave Greenwich, CT 06830

Account Closure Form

Date: _____

Merchant DBA Name: _____ MID: _____

Reason for Closure:

- Business Closure
- Change of Business ownership
- Competitor Pricing
- Support Issues
- POS / Integration Capabilities
- Seasonal / Temporary

Owners Name: (owner that signed the original contract)

_____ Merchant Signature: _____ Date: _____

An early termination fee of \$500 may apply. Please refer to the terms of your agreement for more information. Merchants with free placement terminals must return the equipment within 10 business days of this signed form to avoid being charged the full terminal cost plus a \$200 restocking fee.

(The sections below are for **Internal Use Only:**)

<p>Risk:</p> <p>Request Ticket #:</p> <p>Early Termination Fee Eligibility:</p> <p style="padding-left: 40px;">Yes No</p> <p>Voluntary: Involuntary:</p> <p>ETF Amount:</p> <p>Internal Platform Closures:</p> <p>Risk Analyst Signature: Date Line:</p>	<p>Support:</p> <p>Pending Terminal Return:</p> <p style="padding-left: 100px;">Yes No</p> <p>Gateway Closure:</p> <p>Client Engagement Signature: Date line:</p>	<p>Operations:</p> <p>Closure Quality Assurance:</p> <p>Billing Quality Assurance:</p> <p>Business Analyst Signature: Date line:</p>
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