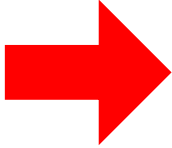


Cancellation of Service



2 Easton Oval, Suite 310 | Columbus, OH 43219
800.634.4484 | merchantservices@payliance.com



1. Complete one form in full for each Client ID.
2. Email completed form(s) to merchantservices@payliance.com -OR- fax completed form(s) to 614.448.0244
3. **Submission of this form does NOT constitute account cancellation nor the release of financial obligation. Financial liability is based on the terms set in the Agreement.**

ACCOUNT INFORMATION

This Letter is to notify Payliance that I wish to cancel my EFT services for the following account (all information required):

Client ID Required	Cancel Effective Date:	The final day transactions should be processed in my account is:
<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: YOU MUST EXPRESSLY REQUEST CREDIT CARD PROCESSING CANCELLATION IN WRITING ALONG WITH THIS FORM TO ENSURE BILLING IS CEASED

90-DAY ACCOUNT ACCESS

Per my original Client Agreement, I agree to grant Payliance access to my account for any outstanding charges (final invoices, dishonored checks) for up to 90 days from the date of Cancellation specified above.

Choose one of the following options for these charges:

Use my account currently on file, which will remain open and accessible during this 90-day period.

Please use a new account for all debits and credits for this Client ID. Any checks collected by Payliance after this effective date will be deposited into the new account.

★ **Include a void check along with this request to verify your new account information**

Effective date:	New routing number:	New account number:	Void Check Included
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

COLLECTIONS

For Clients using Payliance Collection services, please indicate how you prefer your Collection efforts be handled:

Continue all collection efforts.

Discontinue all collection efforts. (I understand that those already in progress will complete the process.)

I do not use any Collection services.

FEEDBACK

To promote the quality of our service, it is important for us to understand why you are canceling. Please choose a reason:

I am:

selling my business.

closing my business.

no longer accepting this form of payment.

transitioning to a new provider.

Other: _____

SIGNATURE

My signature verifies that the above information is valid and current. I understand that I must provide Payliance with any new account information at least two (2) business days prior to the effective cancellation date in order for any credit/debit activity to occur on the requested effective date above. I am aware that the terms of payment on my signed Client Agreement are legally binding until the 90-day period determined above has expired.

(Print Name)

(Business Name)

(Signature)

(Date)