



CLOSE MERCHANT ACCOUNT CHANGE REQUEST FORM

Merchant Name: _____

Merchant Number: _____

Reason for Closure:

- Do Not Need Credit Card Services
- Out of Business
- New Business Ownership
- Chose Different Credit Card Processor
- Misrepresentation
- Dislike Merchant Statements
- Fees too High
- Poor Service from Merchant Services
- Poor Service from Sales Representative

Note: Reason must be checked in order for the merchant account to be properly closed. Thank you.

Signature of Authorized Merchant Principal (as specified on the Merchant Application/Agreement) Date
Fax Completed Request to Data Processing at **231-941-4204** or **support@1nps.com**.

Note: Change request will not be completed unless the merchant completes all pertinent information above and signature is verified by Merchant Services personnel. Thank you for your cooperation.

If you should have any questions, please contact our Merchant Services department at **(866) 964-1622**, or email us at support@1nps.com