

# Merchant Services

## CLOSE MERCHANT ACCOUNT REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (949) 470-7915.  
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE  
PROVIDED AND APPROVED.**

*Thank you for your cooperation.*

**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 account to be properly closed. Thank you.

\_\_\_\_\_  
**Signature of Authorized Principal** (as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

If you should have any questions, please contact our Merchant Services department at (800) 418-9285 or email us at [support@ecxoc.com](mailto:support@ecxoc.com)