

Merchant Services

TEMPORARY/SEASONAL CLOSURE 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: _____

Please change the status of my merchant account to a seasonal/temporary closure.

I understand that my monthly fees will be adjusted to a \$10.00 statement fee and a \$1.00 monthly minimum discount fee. I further understand that I will be required to submit a written request to reactivate my merchant account and allow Merchant Services ample time to re-establish my ability to accept and process credit card transactions. I acknowledge that when I reactivate my merchant account that the statement fee and monthly minimum discount fee will be re-established at the amounts prior to the temporary/seasonal closure.

Signature of Authorized Principal

(as specified on the Merchant Application/Agreement)

Date

Print Name

Phone

Email Address

Note: The request for reactivation must be faxed to (949)470-7915.

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