TouchSuite
Don't just survive, Thrive.

800-793-3250
1081 Holland Drive
Boca Raton, Florida 33487
www.TouchSuite.com

Request to Close Account – Merchant Services

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

MID: _____

*Business DBA/Legal Name: _____

*Business DBA/Legal Name – ether the DBA Name or Legal Name must match what is on the system.

REASON FOR CLOSURE:

_____ Do not need Credit Card Services
_____ Statement
_____ Out of Business
_____ New Business Ownership
_____ Chose Different Processor
_____ Dislike Merchant
_____ Fees too High
_____ Misrepresentation
_____ Poor Service from Merchant Services
_____ Poor Service from Sales Representative
_____ Other _____

EFFECTIVE DATE:

IMPORTANT: Date cannot be more than thirty days after the date of this request.

_____ Please close my merchant account effective immediately.

_____ Please close my merchant account effective: _____ *(date must be in the future)*

MERCHANT AUTHORIZATION:

The person(s) who signed the current merchant contract or the business owner(s) must sign this request. Please refer to your Merchant Application & Agreement for terms and conditions regarding early termination. Thank you for your cooperation.

Owner #1 Signature: _____ Date: _____
Owner #1 Name: _____

_____ Title: Owner Phone: _____

Owner #2 Signature: _____ Date: _____
Owner #2Name: _____

_____ Title: _____ Phone: _____

TouchSuite is not responsible for any equipment sent to our corporate office in error. If your equipment is leased, please make sure to send it to the appropriate leasing office.

To avoid being billed the cost of equipment, you have 14 days from the time of account closure to return all loaned device(s) to our corporate office listed below.

Return completed and signed form to:

Fax: (866) 224-1087 ● Email: ClientRelations@TouchSuite.com ● Phone: (800) 793-3250

*****Internal Use Only*****

Closure Reason: *(circle all options that apply)*
Underwriting / Risk / Legal / Agent / Ops or Tech / Other

Closure Requested By: _____
Employee Name & Initials

Explain Closure Reason *(required)*: _____

_____

Systems Closed/Deactivated: *(circle all options that apply)*

FD U.S. Beacon / Omaha / Buypass / Nashville / North | AccessOne / USAePay / NMI / Apriva / Other _____

Global U.S. Beacon / MAS / G2 / Other _____

Global Canada Beacon / MAS / Base 24 / Other _____

Completing Closure: _____
Employee Name & Initials

Effective Date of Closure: _____