

ELAVON MERCHANT REQUEST TO CLOSE PROCESSING ACCOUNT

SHORT NAME: **msOnxgen** MSP CONTACT NAME: _____
 PH NUMBER: **866.863.9977** FX NUMBER: **866.863.9987** **accountchanges@nxgen.com**

Merchant Request

I hereby request that the merchant processing account for the business indicated below be terminated effective _____. I understand that my deposit account will be debited for any processing fees outstanding, as well as a termination fee, if applicable. I understand future chargebacks, if any, will also be debited from my deposit account.

NOTE: YOUR ACCOUNT WILL CONTINUE TO BE BILLED MONTHLY FEES UNTIL RECEIPT OF COMPLETED CLOSURE FORM.

I, X _____ certify that I am the owner (if privately owned) or the authorized officer (if incorporated), and have the authorization to terminate this account.

X _____
 Signature _____ Title _____ Date _____

Do you have any other active accounts? Yes No

If yes, list the merchant ID numbers: _____

Please select one reason that best describes why you are closing your account?

- Duplicate Acct/Multi-Location (Still have an open account. List MID above)
- Statements not arriving timely Equipment/Product Issues
- Closing all Business Locations Funding/Chargeback Issues
- Sold Business/New Owners Discount/Pricing Issues
- Not Enough Credit Card Business Not Happy with Service Levels
- Seasonal Business (Check closed months below) Changed Banks
- Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

What could Elavon have done to continue serving your processing needs? _____

Required Information

Name of Business: _____ Date of Request: _____
 Corporate Name: _____ Owner Name: _____
 MID: _____ Federal Tax ID: _____
 Address: _____
 Phone: _____ Fax: _____
 Email Address: _____

Equipment/Software Wireless Deactivations

Monthly billing will continue without deactivation

VeriSign PayFlowPro [Wireless Acceptance](#) Form Required Merchant must close Authorize.Net

Closures must be received by 11:00 a.m., MST, 8 business days prior to the end of the month. This deadline is subject to change.

For NXGEN Customer Service Use Only

Representative _____
 Signature Match Waive Requested
 Reason _____

MSP CONTACT SIGNATURE X _____ DATE _____

I have Verified that the above information has been reviewed and is correct