



**Deposit Inquiry Analysis Request Form**

In order to comply with **security / privacy** standards, you must submit this request **in writing** and **fax** directly to our Support Department.

**Please use this form to request an explanation of the deposits to your checking account.**

This request can only be made by the actual **Signer** on the Merchant Account Agreement.

**Our fax number is: 866.431.4138**

**Required information:**

Merchant **Doing Business As** Name \_\_\_\_\_

Your Name \_\_\_\_\_

Title \_\_\_\_\_

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

Phone \_\_\_\_\_

LOGIN ID of your Gateway \_\_\_\_\_

Merchant ID Number: \_\_\_\_\_

(your merchant ID Number can be found on the Monthly Visa/MC statement that is mailed to you)

**Please describe the deposits you would like an explanation of:**

(Please attach your Monthly Visa/MC Statement and Monthly Checking Account Statement in question)

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By signing below, I expressly authorize **Merchant Focus** or its affiliates to **fulfill the above request** in connection with my Merchant Account. (All information will be maintained strictly confidential.)

X

**Owner/Officer Signature**

**Date**