



**Terminate Merchant Account Form**

In order to comply with security / privacy standards, you must submit this request in writing and fax directly to our Support Department with a copy of your DRIVERS LICENSE.

Please use this form to REQUEST termination of your **Merchant Account**.

It is recommended that you review your terms BEFORE you terminate.

NOTE: Requesting termination does NOT terminate your accounts with American Express or Discover. You must contact those companies DIRECTLY to terminate your American Express and/or Discover accounts.

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

Fax number: 866.431.4138

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

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

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

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

1) I request Merchant Focus to notify my **Credit Card Processor** that I want to terminate my **merchant account**. Here is my **Visa/MasterCard Merchant ID Number (MID)** and the name of my **Processor** (as found on the monthly statement mailed to me) (\*REQUIRED):

\*Merchant ID Number: \_\_\_\_\_ \*Processor Name: \_\_\_\_\_

2) To terminate your payment gateway account that is attached to your Merchant Account you must contact Authorize.Net at 1-877-447-3938 or log into your Authorize.Net gateway and send an email request through Contact Support. If you are using an alternative gateway to Authorize.Net please contact them directly to close your account.

**Include a Legible Copy of your Drivers License:**  
**A COPY OF YOUR DRIVERS LICENSE IS REQUIRED TO TERMINATE.**

By signing below, I expressly authorize **Merchant Focus** or its affiliates to send the above **requests** in connection with my Merchant Account. I understand that I have direct legal agreements with my Merchant Account provider, and that Merchant Focus is simply notifying these companies of my request to terminate my accounts with those companies. I understand that I must submit the proper account numbers in order to submit this request.

X

**Seller/Owner/Officer Signature**

**Date**

**\*Termination Forms without the proper ID Numbers will not be accepted.**