



<http://www.eProcessingNetwork.Com>
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CLOSE INTERNET PAYMENT GATEWAY ACCOUNT REQUEST FORM

This form is for closing your **eProcessingNetwork** Internet Payment Gateway Account **ONLY**. If you wish to close your bank merchant account, you **MUST** contact your bank also. Request to close Internet Payment Gateway Account cannot be accepted unless merchant completes **ALL** information below and signature is verified by **eProcessingNetwork**.

eProcessingNetwork Username/Account Number: _____

Business Name: _____

Merchant Account Number: _____
(12 to 16 Digit number)

REASON FOR CLOSURE:

- Seasonal Closure
- No longer have need for an Internet Payment Gateway
- Out Of Business
- New Business Ownership
- Chose Different Internet Payment Gateway
- Misrepresentation
- Dislike this Internet Payment Gateway
- Fees for Internet Payment Gateway too high
- Fees for Merchant Account Bank too high
- Poor Service from **eProcessingNetwork**
- Poor Service from Merchant Bank Representative

I/we hereby request that the **eProcessingNetwork** Internet Payment Gateway account listed above be closed before the next billing cycle, and I/we understand and agree that this request is for closing the above listed **eProcessingNetwork** Internet Payment Gateway **ONLY**, and that I/we must contact my/our merchant account bank directly if I/we want the bank merchant account closed also.

Name(s): _____ ID Number: _____
(Please print, must be same as signer(s) (Federal Tax ID or SSN)
on merchant agreement)

Date: _____ Signature: _____

E-Mail Address: _____

Phone Number: _____