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| MERCHANT INFORMATION | | | | | | | | | (PLEASE NOTE: if you have a direct account with American Express® you must notify them of this change.) | | | | | | | | | | | | | | | | | |
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|  | Merchant ID (MID) | | | | | | | | | | | |  | | | | Address | | | | | | | | |  |
|  |  | | | | | | | | | | | |  | | | |  | | | | | | | | |  |
|  | DBA Name | | | | | | | | | | | |  | | | | City, State, Zip Code (+4) | | | | | | | | |  |
|  |  | | | | | | | | | | | |  | | | |  | | | | | | | | |  |
|  | Contact Name | | | | | | | | | | | |  | | | | Phone | | | | | | | | |  |
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|  | Email Address for Notification of Request Completion | | | | | | | | | | | |  | | | |  | | | | | | | | |  |
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| REQUESTED ACCOUNT CLOSURE DATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Upon termination of this Agreement by Merchant, during the initial term or renewal term, Merchant shall pay to Paya a termination fee equal to amount stated in Merchant Agreement Terms and Conditions. | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Effective | | | **/    /** | | | | , please cancel my **Credit-Card Processing Account** with Paya, **OR** | | | | | | | | | | | | | | | | |  | |
|  |  | | | **ENTER DATE AS MM/DD/YYYY** | | | |  | | | | | | | | | | | | | | | | |  | |
|  | Effective | | | **/    /** | | | | , please cancel my **EFT / Virtual Check Account** with Paya | | | | | | | | | | | | | | | | |  | |
|  |  | | | **ENTER DATE AS MM/DD/YYYY** | | | |  | | | | | | | | | | | | | | | | |  | |
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| REASON FOR ACCOUNT CLOSURE | | | | | | | | | | | (Select the reason best describing why you are closing your account) (Select only one) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Closing All Business Location | | | | | | | | | Duplicate Account  (Please list Merchant ID’s for open accounts below) | | | | | | | | | | Sold Business / New Owners | | | | |  | |
|  | Discount / Pricing Issues | | | | | | | | | Equipment / Product Issues | | | | | | | | | | Funding Chargeback Issues | | | | |  | |
|  | Not Happy with Service Levels (Customer Service) | | | | | | | | | Not Enough Credit Card Business | | | | | | | | | | Changed Processor | | | | |  | |
|  | Sales Representative / Office | | | | | | | | | Statements Do Not Arrive in a Timely Manner | | | | | | | | | |  | | | | |  | |
|  | Other (Please Explain) | | | |  | | | | | | | | | | | | | | | | | | | |  | |
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|  | What could Paya have done to continue serving your processing needs? | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| SIGNATURE AND ACCEPTANCE | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | *I understand that my deposit account will continue to be billed monthly fees until receipt of the completed closure form. My account may also be debited for any outstanding processing fees, as well as a termination fee if applicable. I understand future chargebacks, if any, will also be debited from my deposit account.*  *Your accounts will be closed by the end of the month if received five (5) business days prior to the last day of the month.* | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  |  | | | | | | | | |  | | |  |  | |  |  | | | |  |  | | |
|  |  | *BY SIGNING BELOW I CERTIFY THAT I AM THE OWNER (IF PRIVATELY OWNED) OR THE AUTHORIZED OFFICER (IF INCORPORATED) AND HAVE THE AUTHORIZATION TO TERMINATE THIS ACCOUNT.*  ***I ALSO CERTIFY THAT ALL STATEMENTS INCLUDED IN THIS CANCELLATION FORM ARE TRUE AND BINDING, AND THAT THE SALES REPRESENTATIVE AND/OR COMPANY THAT ORIGINALLY SOLD ME PAYA’S MERCHANT PROCESSING HAS NOT SOLICITED OR SOLD TO ME PROCESSING FROM A COMPETITOR OF PAYA.*** | | | | | | | | | | | | | | | | | | | | |  |  | | |
|  |  | **X** |  | | | | | | | | |  | | |  |  | | **X** |  | | | |  |  | | |
|  |  |  | Signature (Must be Signatory on File) | | | | | | | | |  | | |  |  | |  | Signer’s Name (Please Print) | | | |  |  | | |
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|  |  |  | Signature (Must be Signatory on File) | | | | | | | | |  | | |  |  | |  | Signer’s Name (Please Print) | | | |  |  | | |
|  |  | **X** |  | | | | | | | | |  | | |  |  | | **X** | /       / | | | |  |  | | |
|  |  |  | Signer’s Title (Please Print) | | | | | | | | |  | | |  |  | |  | Dated | | | |  |  | | |
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| MERCHANT ID’S FOR ACCOUNTS TO REMAIN OPEN | | | | | | | | | | | | | | | | | | | | | | | | | | |
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