



CANCELLATION LETTER

This change only affects V/MC and Discover merchant services.

If you accept American Express, you must contact them separately at 800.528.5200

DBA Name: _____

Merchant ID #: _____

Gateway ID #: (if Applicable) _____

Business Street Address : _____

City, State, Zip: _____ Contact Name: _____

Reason for Cancellation – Please check a reason for cancellation in order for account to be properly closed.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> DO NOT NEED CREDIT CARD SERVICES | <input type="checkbox"/> NEW BUSINESS OWNERSHIP | <input type="checkbox"/> OUT OF BUSINESS | <input type="checkbox"/> DISLIKE STATEMENT |
| <input type="checkbox"/> POOR SERVICE: (SELECT FROM FOLLOWING BELOW) | | | |
| <input type="checkbox"/> CUSTOMER SERVICE | <input type="checkbox"/> SALES AGENT | <input type="checkbox"/> TECHNICAL SUPPORT | <input type="checkbox"/> SOFTWARE PROVIDER |
| <input type="checkbox"/> DIFFERENT CREDIT CARD PROCESSOR (PROVIDE COMPANY NAME) _____ | | | |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ | | | |
| REQUESTED DATE OF CLOSURE (FUTURE DATES ONLY) _____ | | | |

If you are considering another service provider, please contact your FrontStream Payments Inc. Account Representative or our Customer Service Department. We value your business and your questions or concerns are important to us.

I understand this request to cancel my Merchant Service Account is effective as of the Requested Date of Closure, or if no date is specified, date request is received. I understand that cancellation requests require 20 business days to be processed and that I may/will continue to accrue costs for the billing cycle in which the account is closed. I understand that batches processed and settled after closure date will not be processed by FrontStream Payments.

Account(s) closed will be charged an Account On File Fee in lieu of regular monthly charges, please allow final billing to cycle before closing your bank account associated with the merchant account. Confirmation of account closure will be sent to email address on file. I understand that my account may be assessed an Early Termination Fee in accordance with the Merchant Agreement.

Owner/Guarantor _____

X _____ Date _____

*Owner/Guarantor Signature (Signature will be verified against Primary Signer on original Merchant Agreement)

Please return completed form to FrontStream Payments via fax at 1.866.619.5083 or via email at cancellations@frontstreampayments.com