

CANCELLATION FORM

Attention to Customer Service & Closing Department

To Whom It May Concern:

My name is _____. I am an owner of _____

I would like to cancel the Service which begins of this day _____

☐ MERCHANT SERVICE ☐ GIFT CARD PROGRAM ☐ CHECK SERVICE ☐ DEBIT PROGRAM

Here is the information of our company:

Name: _____

Phone: _____

Address: _____

Merchant Number: _____

Thank you very much.

Signature

#

Fax:

Phone:

Owner

**Keep one copy for your record.*