

Merchant Services

TEMPORARY CLOSURE & REACTIVATION REQUEST FORM

IMPORTANT – PLEASE READ BEFORE PROCEEDING

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED IN ITS ENTIRETY.

THIS REQUEST WILL NOT BE EFFECTIVE UNTIL RECEIVED AND PROCESSED BY MERCHANT SERVICES.

Merchant Name: _____

Merchant Number: _____

Temporary Closure:

- ☐ Temporary/Seasonal Closure
☐ Temporary/Disaster Relief

Please change the status of my merchant account to a temporary closed status. I understand that my monthly fees will be adjusted as follows. If I have a monthly fee for basic service, that fee will be waived during the temporary closure period (PCI, chargeback, annual, product usage and similar fees will continue). I will incur fees of \$10 per month (Monthly Minimum Discount Fee) and \$1.00 per month (Statement Fee) during this period. I understand that the maximum closure period will be three (3) billing cycles. Account changes will apply as of the billing cycle following the request of this change.

I further understand that I will be **required to submit a written request** by way of this form to reactivate my merchant account and acknowledge that Merchant Services will need at least 5 business days to re-activate my account allowing me to accept and process card transactions.

Signature of Authorized Principal

(as specified on the Merchant Application/Agreement)

Date

Print Name

Phone

Email Address

Reactivation of Merchant Account:

Please reactivate my merchant account. ☐

I acknowledge that all fees charged to my merchant account prior to the temporary closure of my merchant account will apply upon reactivation.

Signature of Authorized Principal

(as specified on the Merchant Application/Agreement)

Date

Print Name

Phone

Email Address

Please Send Completed and Signed form to customerrelations@merchants-help.com.

Should you have any questions, please contact your Customer Service Department at the phone number located on your merchant statement.