



## CLOSE MERCHANT ACCOUNT REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO EMP AT (209) 320-2108.  
*Thank you for your cooperation.***

Merchant Name: \_\_\_\_\_  
Merchant Number: \_\_\_\_\_  
Requestor's Name: \_\_\_\_\_  
Requestor's Phone: \_\_\_\_\_

**Multi-merchant Account? Y / N**

**(Please list all Merchant Account Numbers in the chain you wish to close. Attach additional forms if needed)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Reason for Closure:**

- Business Closed
- Re-Pricing
- Multi-Merchant Closing
- New Business Ownership
- Do Not Need Card Services
- Chose Different Processor
- Poor Service From Sales Rep
- Fees Too High
- Other \_\_\_\_\_

**COMMENTS:**

**Note:** Reason must be checked in order for account to be properly closed. Thank you.  
EMP is not responsible for any account closure penalties incurred by the merchant upon closure.  
Please refer to initial merchant processing agreement terms for details.

\_\_\_\_\_  
**Signature of Authorized Principal** (as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

If you should have any questions, please contact our Merchant Services department at (800)909-2124 or email us at [help@emerchantprocessing.com](mailto:help@emerchantprocessing.com)