

## Temporary/Seasonal Account Close/Reactivate Request Form

**Important: Please read before proceeding:**

- \*ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.
- \*PLEASE FAX THIS REQUEST FORM TO CUSTOMER SUPPORT [866.453.2060](tel:866.453.2060).
- \*THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.
- \*MERCHANT MUST MAKE ACCOUNT CHANGES DIRECTLY WITH AMERICAN EXPRESS (800) 528-5200.
- \*This request will temporarily terminate all fees associated with eMerchant, the Gateway and the Processing Bank except for a monthly maintenance fee of \$11.00.
- \*Reactivation fee of \$25.00 will be charged for Gateway services
- \*NOTE: Merchant is still responsible for Chargebacks during the closure period.

Close                       Reactivate

Merchant Name \_\_\_\_\_

Merchant Number \_\_\_\_\_

Date of Request \_\_\_\_\_ Desired Close/ReOpen Date \_\_\_\_\_

**NOTE: YOU WILL NOT BE ABLE TO ACCEPT CREDIT CARD PAYMENTS ONCE THIS FORM IS PROCESSED!**

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions set forth under US law and that I understand these fees are "one time only" and may be in addition to other fees incurred by the merchant account bank.

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

\_\_\_\_\_  
 PRINT NAME    PHONE    EMAIL

**OFFICE USE ONLY**

BANK \_\_\_\_\_ DATE \_\_\_\_\_

GATEWAY \_\_\_\_\_ DATE \_\_\_\_\_

eMERCHANT \_\_\_\_\_ DATE \_\_\_\_\_