



***Note** – According to the Merchant Bankcard Application terms, the term of the application or agreement is for 3 years or if cancelled they will be assessed an early termination fee equal to (i) \$350.00 if terminated before completion of the first year of the Term; or (ii) \$250.00 if terminated after completion of the first year of the Term but prior to the end of the third year of the Term (See Section 22.1 of the Agreement - Program Guide).

Through our relationship with the bank, we have negotiated otherwise. As long as your merchant's accounts are in good standing, meaning no outstanding issues, monies owed to the processor etc., they can request to cancel their merchant account, by submitting the attached letter, 30 days prior to the closing date. As long as your merchant meets the above requirements, we have the bank waive the early cancellation fee.

In the case your merchants want to cancel, **it is important to fax the closure letter to our office.** Fax the form to our office stating the MID, name of business, request to cancel and a signature. We will then forward on for actual closure and the fee will be waived.

Attached is a basic form our company uses to send to the merchant in case this is a concern.

1st National Merchant Services Team

Agents



CLOSE MERCHANT ACCOUNT CHANGE REQUEST FORM

Merchant Name: _____

Merchant Number: _____

Reason for Closure:

- Do Not Need Credit Card Services
- Out of Business
- New Business Ownership
- Chose Different Credit Card Processor
- Misrepresentation
- Dislike Merchant Statements
- Fees too High
- Poor Service from 1st National Merchant Services
- Poor Service from Sales Representative

Note: Reason must be checked in order for 1st National to properly close merchant account. Thank you.

If applicable, does merchant wish to close checking account with 1st National?

- Yes Checking Account Number: _____
- No

Merchant will obtain existing funds by:

- writing a check for the balance in account.
- requesting 1st National to pay merchant via check for balance in account.

Current Address: _____

Street

City

State

Zip Code

Current Phone Number: _____

Signature of Authorized Merchant Principal (as specified on the Merchant Application/Agreement) Date

Fax Completed Request to New Accounts Processing at (209) 320-2108

Note: Change request will not be completed unless the merchant completes all pertinent information above and signature is verified by 1st National personnel. Thank you for your cooperation.

If you should have any questions, please contact our Merchant Services department at (800)396-5660 or email us at info@1stnationalmerchant.com