

## Cancellation Form

Date		Merchant name	
#Merchant ID (10 digits)		Terminal Number (8 digits)	
Adress		Province	
City & Country		Postal Code	
Contact		Phone Number	

- I would like to cancel my Interac merchant account and deactivate my terminal.  
 I would like to cancel my Visa and/or my MasterCard merchant(s) account(s).

Credit Processor	
Visa Merchant Account Number	
Mastercard Account Number	

- I have no credit on hold with Visa and /or MasterCard.

"I, \_\_\_\_\_, the person in charge of the above-referenced business, has full authority to render the decision(s) requested above and I agree to pay the corresponding fees."

Owner's signature		Date	
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### Internal use only

Approved by

Date