

Business Address:				
Contact Phone Number:		Contact Email Address:		
Merchant Type: (Please select the appropriate merchant type.)				
eCommerce	LynkBiz Merchant	Point-of-Sale (POS) Merchant:	Engage POS	Integrated POS
PaySmart Merchant			ePOS	mPOS

Dear Sir or Madam,

I, _____, the authorized representative of _____ with Merchant ID _____, hereby request the closure of this merchant account or, where indicated below, the discontinuation of specific payment processing services.

Discontinuation of Specific Payment Processing Services

If there are multiple products and or locations, we request that the payment processing services or payment processing location for only the specified products be closed.

Merchant Information (For eCommerce Closure Requests Only):

Please complete the required merchant information fields listed below.

eCommerce TID:

Product
Description:

Merchant Information (For LynkBiz Closure Requests Only):

Please complete the required merchant information fields listed below.

Contact Phone Number:

Contact Email Address:

Merchant Information (For PaySmart Closure Requests Only):

Please complete the required merchant information fields listed below.

Merchant ID:

EFTP Username:

Contact Phone Number:

Contact Email Address:

Merchant Information (For POS Closure Requests Only):

Please complete the required merchant information fields listed below.

Terminal ID:

Terminal Serial
Number:

Number of
Terminals Being
Returned:

NOTE: All Closure requests for POS an mPOS terminals must be submitted in person along with the physical devices. Closure forms will not be accepted or processed unless the devices are returned at the time of submission or a request was previously submitted indicating the terminal was lost or stolen.

Reason for Closure:

Please check the reason that best applies to your closure request.

Business is closing permanently.

Business has been sold or transferred to new ownership.

Seasonal closure.

Fraudulent activity detected.

Application upgrade issue (configuration).

Other (please specify):

No longer accepting card payments.

Dissatisfied with fees or rates.

Fault or defect of terminal.

Technical difficulties experienced with the product.

Dissatisfaction with the Quality Of Customer Service as a closure reason.

Settlement and Confirmation:

Please check the box that applies:

All company-owned POS terminals and accessories/peripherals have been returned

All outstanding fees and balances have been settled

No further transactions will be processed after the closure request date (Applicable to eCommerce and PaySmart merchants only.)

All funds in your LynkBiz wallet have been cashed out

(Please note that cashing out all funds from your LynkBiz wallet is required before closing your account.)

Note: Reactivating eCommerce or POS services will incur a reactivation/merchant location setup fee. For details, refer to the Merchant Fee Guide at www.jncb.com/MerchantFeeGuide.

Additional information or comments: (Please provide any further details or comments that may assist in processing this request).

Authorization:

I, the undersigned, hereby request the closure of the specified product/merchant account(s) and confirm that the information provided is accurate. I understand that the submission of this request will not result in immediate termination but will initiate an investigation into the account.

Note: A response regarding this closure request will be provided to you within 3-5 business days.

Merchant: _____

Date: _____

For Internal Use Only

Assigned Sales & Relationship
Officer: _____

Signature of Assigned Sales
& Relationship Officer _____

Date: _____

Branch Representative Name: _____

Branch Representative
Signature: _____

Date: _____

Was Terminal Received Yes No

If no, why: