



Account Termination Form

In order to process this account termination form and to ensure no further VeriCheck billings or charges, please have the original authorized principal complete and sign this form.

Merchant Information

Merchant Name/DBA: _____

Merchant ID#: _____

Printed Name of Authorized Signer: _____

Email: _____

Phone Number: _____

Deactivation

Effective Date of Termination: _____

Reason for Termination:

Any and all outstanding charges for transactions submitted prior to termination will be billed to the merchant's bank account on file. If any late ACH returns (chargebacks) occur subsequent to account closure, VeriCheck will bill the merchant's bank account for the return and any fees associated with the return.

It is the responsibility of the signer on the account to pay any unpaid balances.

Authorized Signer's Signature _____ Date _____

Please fax completed form to 404-665-3465 or support@vericheck.net