



Merchant Cancellation Form

Date: _____ MID#(s): _____

Merchant Business Name: _____

Reason for Cancellation/Termination (please check all that apply and also provide optional comments below):

- Have not been using the service
Please explain why not using: _____
- Equipment does not work (please check all that apply) POS Device ___ MICR Scanner ___ Check Imager ___ Tablet ___
- Changed credit card processors
- Service is not compatible with new equipment New Equipment: (Please provide make/model) _____
- Cannot reach independent sales agent for support
- Lower pricing by competitor
- Poor customer support directly from SPS (please provide comments below for example(s))
- Going out of business / Out of business
- Selling business / Sold business

Comments:

***Please note your cancellation may be subject to early termination fees per your contract terms and conditions.

Individual Requesting Cancellation:

Printed Name

Title

Signature

Phone # and Email

Please fax or email this form to 858.549.1323 or cancellationrequest@securepaymentsystems.com.

For SPS Internal Use Only

Received By: _____ **Date:** _____

Printed Name (Management)

Date

Signature

Title