CSg Forte

Account Closure Request

Company Name: _____

Forte Merchand ID: _____

Closure Request Applies to:

☐ ACH Services ☐ Credit Card Services ☐ Both

Date to close Merchant Account: _____

We care about and appreciate your business. Please help us to better understand the reason for your closure request.

Please check below all that apply:

☐ Pricing   ☐ Lack of Volume

☐ Went to another company - (Explain) _____

_____

☐ Business Closing   ☐ Customer's Don't Use

☐ System/Processing Issues - (Explain) _____

_____

☐ Other - (Explain) _____

_____

Individual Filling out Request: _____

Contact Phone Number: _____ Email Address: _____

As a duly authorized signer for _____ ;
I authorize Forte to close our Merchant Account.

Title: _____ Name: _____

Authorizing Signature: _____

Requests for closure received prior to the close of business on the last business day of the month, will be processed on or around the 5th day of the following month.

Please note: If applicable, your early termination fee will be charged on the next billing cycle after your specified closing date. This can be determined in the term and termination section of your Merchant Agreement.