

Giftcard Account Reinstatement/Cancellation Request

Date: _____ Effective Date of Change _____

Service Entitlement #: _____

Outlet - MID # _____

Note: If multiple MIDs are being removed or reinstated, please attach a spreadsheet to the Merchant Service Center work order.

Business DBA/Legal Name: _____

Requestor Name/Title: _____ Phone # _____
(Must be Owner, Officer or Legal Contact, Does not include Manager, Clerk, etc.)

Reason for Cancellation (Select One)

- | | |
|---|---|
| <input type="checkbox"/> Business Closed | <input type="checkbox"/> Merchant has more than one account |
| <input type="checkbox"/> No longer accepting MC/VI and/or Discover | <input type="checkbox"/> Migrated to other process more than 6 months ago |
| <input type="checkbox"/> Sold Business (Obtain new owner info and complete sales lead using current account info) | <input type="checkbox"/> Other (Explain) |

Reason for Reinstatement:

Merchant Signature (Required) _____ Date: _____

ISO email Address (Required) _____

ISO Approval (If Applicable) _____ Date: _____

Please allow two business days upon receipt to process all status changes.
Items received after 2PM EST will be included with the next business day's requests.
A Merchant Service Center work order ticket must be submitted with this form.