

To be completed by the primary contact that is responsible for the overall process of accepting payment cards. The form herein is to notify the Controller's Office of a merchant location that no longer processes payment card transactions and would like to close/cancel their merchant location.

For cancellation of multiple locations, complete a separate form for each merchant identification number assigned to your location. If equipment needs to be returned, verify the equipment is safely stored. Please complete and submit the original form to the Controller's Office, CSC 322. For questions and/or assistance in the completion of the form, contact [Merchant Services](#) at (305) 348-3888.

Merchant (Location) Name: Merchant Identification Number:
 Merchant (Location) Address: Date of Last Transaction:

For point of sale (POS) locations, please complete the following section:

Terminal Model:	<input type="text"/>	Serial Number:	<input type="text"/>	Terminal ID:	<input type="text"/>
Terminal Model:	<input type="text"/>	Serial Number:	<input type="text"/>	Terminal ID:	<input type="text"/>
Terminal Model:	<input type="text"/>	Serial Number:	<input type="text"/>	Terminal ID:	<input type="text"/>

For an internet location (E-Commerce), please complete the following section:

Gateway Vendor: Software Name:
 Payment URL Address:

I attest that the payment function was removed from the department's website and the assigned IT contact confirmed with the Division of Information Technology (IT) team that no further action is required.

Reason for Merchant Cancellation:

I attest that the employee change form(s) associated with the merchant account being cancelled have been submitted to the Controller's Office and all third-party access was appropriately removed, if applicable.

Name of person completing the form: Panther ID:

Position Title: Signature: Date:

Unit Approver's Name: Telephone:

Position Title: E-mail:

Unit Approver's Signature: Panther ID: Date:

Do not write below this line, to be completed by the Controller's Office:

Equipment received by: Memory cleared and device deactivated Date:
 E-mail date of merchant cancellation request: American Express IT Network Security notified
 E-mail confirmation date of merchant closure: BAMS- Visa/ MC/ Discover Merchant lists updated