



**SEASONAL ACCOUNT SUSPENSION/REACTIVATION REQUEST**

Fax to: (901)385-5356

Email to: [customersupport@epaymentamerica.com](mailto:customersupport@epaymentamerica.com)

**Please complete and sign form, then email or fax document to the contact information indicated above. Failure to provide complete information can result in a delay in processing. Your account will be charged any processing and related fees accrued through the effective date of change.**

You will be assessed a \$16.00 Seasonal Account on File fee for the months your account is in a suspended status.

Current Account Information			
Merchant Name:			
Merchant Number:	4071920 _____	E-Mail Address:	
Phone:	(____) _____ - _____	Contact Name:	
Fax Number:	(____) _____ - _____	Job Title:	
Seasonal Change Request	Effective Date of Change	Terminal or POS System (Make & Model)	
Suspension <input type="checkbox"/>	____ / ____ / 20____		
Reactivation <input type="checkbox"/>	____ / ____ / 20____		

**Please allow 10 business days for processing**

This change solely applies to the Merchant Number listed above:

Yes  No  (If no, please include the details below under "Special Instructions")

Special Instructions:

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My signature indicates that I am authorized to request the changes described above on behalf of the merchant listed above to the bank account information used by ePaymentAmerica.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_