



CANCELLATION PACKET

You may submit this packet to any of the following:

Email: support@govelocity.com

Fax: 800-973-2133

Mail: 9020 SW Washington Square Rd., Suite 220 - Tigard, OR 97223

Should you decide to move forward with closing your Velocity, LLC (“VEL”) processing account, please submit this packet fully completed for the closure of your account to be processed successfully.



This Cancellation Packet is made effective as of the date set forth from the signature dated below on this page by the entity and/or the individual whose name and address (“Merchant”) is contracted by Velocity, LLC (“VEL”) set forth by the Merchant Receipt Form, Merchant Processing Application and Placement Agreement (“Merchant Agreement”).

Please provide account information:

-Must be filled out by Merchant under contract with VEL through Merchant Agreement

* = Required fields

Business Name:	*	First and Last Name:	*
Merchant ID (MID):	*	Last 4 Social Security Number:	*
Business Address:		Phone Number:	
Banking Account Number:		Banking Routing Number:	

By signature below, Merchant agrees to all terms and conditions expressed in this Cancellation Packet. Merchant understands that this Cancellation Packet has a total of three pages, including the cover page. Merchant understands that all three pages must be submitted with all fields filled out containing true and correct information. Should the Merchant’s credit and debit card processing account have any recent delinquency involving ACH reject from batches within the last 60 days of the dated signature below, new account information must be provided above.

Signature of Merchant under contract

Date

Print Name



I, _____, am submitting a formal request to Velocity,
LLC (VEL) effective _____ to begin the closure process of my Merchant Agreement for credit and debit card
(date)
processing of _____
(business name)
with the Merchant ID (MID) of _____.

This closure request is effective as of the dated signature below. The individual that executes the form below ("Merchant") unconditionally warrants and expressly states that he/she is authorized to execute this form on behalf of the Merchant that is a party to the Merchant Agreement. Merchant understands that this Cancellation Packet is for the credit and debit card processing services under the Merchant Agreement and that in no way does this closure request apply to any leasing agreements for payment processing terminals and/or equipment through any third-party lenders or leasing companies. Merchant understands that once VEL receives this Cancellation Packet whether via Fax, Mail or E-mail, it may take up to seven (7) business days to be reviewed. Merchant understands that should this Cancellation Packet be submitted outside of the suggested time frame disclosed within the Merchant Agreement, Merchant must pay any owed cancellation costs, if determined upon review, for account closure to be completed. Once the Cancellation Packet has been fully reviewed and if a balance is in fact discovered, you authorize VEL or its affiliates, American Payment Systems ("APS"), North American Processing Solutions ("NAPS") and Smart Choice Payments ("SCP"), to initiate debits to the banking information found on this agreement or found in the credit and debit card processing account via ACH (automated clearing house) or by any other form of payment on file to pay the cancellation balance. If any debits are rejected for any reason, a fee will be assessed by VEL to the account in the amount of \$35.00 for each return that occurs. Should Merchant refuse to pay any costs due for termination of the Merchant Agreement and/or the Placement Agreement Merchants' account may remain open following all agreed terms, conditions and obligations disclosed on the Merchant Agreement, the Placement Agreement, and/or any other contracts/ agreements between Merchant and VEL or any of its affiliates, including APS, NAPS and SCP.

Signature

Date

Print Name