

To be completed by the primary contact that is responsible for the overall process of accepting payment cards for the merchant location. 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 cancel their merchant services account. For cancellation of multiple locations, complete a separate form for each merchant identification (MID) number assigned to your location. If equipment needs to be returned, verify the device is safely packaged and coordinate a meeting to drop off the equipment to a Merchant Services team member. Submit the completed merchant cancellation form via e-mail to merchant@fiu.edu. For questions and/or assistance in the completion of the form, contact [Merchant Services](#) at (305) 348-3888.

Merchant Location Name: FIU	<input type="text"/>	Merchant ID:	<input type="text"/>
Merchant Location Address:	<input type="text"/>	Date of Last Transaction:	<input type="text"/>

Reason for Merchant Cancellation:

Validated P2PE Device or Other Approved Device:

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

***Note:** Please attach a separate list including the device information if the quantity surpasses the fields herein. For a point of sale environment, please ensure you are adding the software/application name and/or the gateway details below.*

Internet (E-Commerce)

Gateway Vendor: <input type="text"/>	Application Name: <input type="text"/>	Software Name: <input type="text"/>
Payment URL Address: <input type="text"/>		

- 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.
- I attest that the off-boarding merchant employee forms associated with the merchant account being cancelled were submitted to the Controller's Office and all third-party access was appropriately revoked, if applicable.

Primary Contact Name: <input type="text"/>	Telephone: <input type="text"/>
Position Title: <input type="text"/>	E-mail: <input type="text"/>
Signature: <input type="text"/>	Panther ID: <input type="text"/> Date: <input type="text"/>

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

Device(s) received by: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> NSSE removed from AIRS
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Cancellation Request Submitted Date : <input type="text"/>	<input type="checkbox"/> American Express	<input type="checkbox"/> BofA- Visa/ MC/ Discover
Confirmation Date of Merchant Closure: <input type="text"/>	<input type="checkbox"/> Merchant lists updated	