

Change/Close Form - Debit/Credit Card Facility

Merchant Legal Name: Queen's University



Doing Business As: (Department Name)

Merchant Account # to be Changed/Closed:

Action Required:

Change

Close

Description of the Change/Close Required:

Why is the facility being Changed/Closed?

Effective Date of Change/Close:

Signatures:

Account Administrator

Full Name: (Print)

Phone Number:

Date:

Signature:

Account Signing Authority

Full Name: (Print)

Position:

Date:

Signature:
