



CDM+ Merchant Account Cancellation

Church/Organization Name _____

Mailing Address _____

City, State/Province, ZIP/Postal Code _____

Contact Name _____

Contact Phone _____

Contact Email Address _____

Reason for Cancellation

Cancel our merchant account ...

As soon as possible

On this (weekday) date

I understand if I choose above to cancel our merchant account immediately, it will be closed 5 business days from the date CDM+/Suran Systems, Inc. receives this cancellation request in order to allow settlement of any pending transactions.

I understand it is my responsibility to prohibit new or recurring transactions from being initiated through our merchant account once this cancellation request has been submitted for processing.

I understand that this form cancels the merchant account only and does not cancel any other services.

By signing below, I certify that I am an authorized representative of the organization listed above and have the authority to terminate its merchant account.

Authorized Signature

Print Name

Date

Upload this form to our File Depot at the link below. Once upload is complete, please email customerservice@suran.com to notify us that the form has been uploaded.