**LETTER OF INTENT TO CANCEL MERCHANT SERVICES**

TO:

*Existing Merchant Processor Name Address*

*City State Zip*

*Phone*

# Phone

*Fax, if available*

Fax

*Email Address, if avail.*

FROM:

*Your Business Name (as shown on Statement)*

*Your Business Address*

*Your City Your State Your Zip*

*Your Phone*

# Phone

*Your Fax*

Fax

*Your Email Address*

To Whom It May Concern;

Let this letter serve as our legal letter of cancellation of all merchant services provided by

 *Existing Merchant Processor Name* . As President and/or Owner, I have the authority to issue this cancellation. Our MID# is *Enter your existing MID#* .

We want this cancellation to become effective immediately. Thank you for your assistance in this matter.

Type Date Here

Date:

Type Name Here