



EPS Service Termination Form

終止易辦事服務申請表

MSO	
TEL	
EPS Company's FAX	3409 1652
EMAIL	

Merchant Name 商戶名稱			
Merchant Number 商戶編號			
Contact Person 聯絡人			Telephone Number 電話號碼
Reason for Termination 終止服務原因			
Notice / Billing Address 通訊地址 (請以英文填寫) (Please delete if not appropriate 請刪除不適用)			
Termination Date *終止服務日期	_____ / _____ / _____ (the last day with EPS service 此乃 EPS 服務之最後一天) DD MM YY * For termination, merchants need to provide 30-day written notification 如欲終止服務，商戶須向易辦事公司提交不少於三十天之書面通知		
Terminal Collection Date 收回終端機日期	Please allow 4 working days to process 需時四個工作天辦理		
Terminal Collection Address 收回終端機地址			
Remarks (if any) 其它 (如有需要)			

For and on behalf of the Merchant (with Company Chop) (if any)
商戶代表簽署 (加蓋公司印章) (如適用)

For EPS Company Use Only	
SV	

Signature's Full Name (in block letter)

簽署人姓名 (請用正楷)

Title 職銜

Date 日期

For EPS Company Use Only (易辦事公司專用)

SalesForce	Initial	Model	Terminate	M	S	T
			EPS			
			CUP			

Swap	Terminal Type	New Merchant No.
	DCT () / POS To DCT () / POS	

	Sales Support		Accounts		Operations	
	Date	Init.	Date	Init.	Date	Init.
Received					RECOVERY DATE :	
Actions Taken	Dbase		ES67		ES25	
Approval	Dbase		ES99		ES99	