



Refund Request Form

In order to comply with security / privacy standards, you must submit this request in writing and email or fax directly to our Support Department with a copy of your DRIVERS LICENSE.

This request can only be made by the actual Signer on the Merchant Account Agreement.

Our fax number is: 866.496.9841 Our email is: support@merchantfocus.com

Required information:

Merchant Doing Business As Name _____

Your Name _____

Title _____

Email Address _____

Phone _____

Merchant ID Number: _____

(your merchant ID Number can be found on the Monthly Visa/MC statement that is mailed to you)

Please explain in detail why you believe you were billed incorrectly:

(Please attach any supporting documentation such as checking account statements for our review)

By signing below, I expressly authorize Merchant Focus or its affiliates to fulfill the above request in connection with my Merchant Account. (All information will be maintained strictly confidential.)

X _____
Owner/Officer Signature **Date**