

## Closure request

Institutional merchant customers only



To close a single Merchant Number or Terminal Number, please fill in this form and email to [css@anz.com](mailto:css@anz.com).

### MERCHANT DETAILS:

Merchant ID

Existing terminal ID

Trading name

### CONTACT DETAILS:

☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other

First name(s)

Surname

Contact phone number

Email

### ADDITIONAL FACILITY INFORMATION:

Last trading date

D	D	M	M	Y	Y	Y	Y
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Close to apply to

☐

Merchant Number

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Terminal ID

### SPECIAL INSTRUCTIONS (if required):

Please note: All check boxes must be checked and mandatory fields completed before this request can be processed.