



**University of Kentucky
Merchant Account
Termination/Change Form**

Merchant Name: _____

Merchant Account #: _____

Terminal ID #: _____

Please enter all Terminal ID #'s on the line above if there are multiple terminals on the same Merchant Account #.

Check appropriate box

CHANGE OF MERCHANT INFO

TERMINATE MERCHANT ACCOUNT

Check All boxes containing a change and indicate new information

| MERCHANT INFORMATION | <i>Please Type or Print Legibly</i> |
|---|--|
| <input type="checkbox"/> Merchant Name | |
| <input type="checkbox"/> Building Address | |
| <input type="checkbox"/> Street Address | |
| <input type="checkbox"/> City, State, Zip | |
| <input type="checkbox"/> MDRP Contact Name | |
| <input type="checkbox"/> Phone Number (10 digits) | |
| <input type="checkbox"/> Fax Number (10 digits) | |
| <input type="checkbox"/> E-mail Address | |
| <input type="checkbox"/> Credit Cards to be Accepted: <input type="checkbox"/> Add <input type="checkbox"/> Delete | MASTERCARD & VISA (<i>Standard cards that all merchants accept</i>) <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER |
| <input type="checkbox"/> Check box if you would like to add internet processing to your current processing method | Indicate your 3rd Party Processor: <input type="checkbox"/> Skipjack Hosted Order Page - <i>customer will be linked from your website to a Skipjack page to enter credit card info for processing</i> <input type="checkbox"/> Skipjack Payment Gateway - <i>credit card data will be passed from your website to Skipjack for payment processing</i> <input type="checkbox"/> Other payment service: _____ WEB URL: SERVER NAME: (Server on which your website resides) IP ADDRESS: |
| <input type="checkbox"/> Credit Card Processing Options <input type="checkbox"/> Add <input type="checkbox"/> Delete | (Check which method(s) you would like to accept credit cards) <input type="checkbox"/> Credit Card Terminal or Imprinter |
| <input type="checkbox"/> Credit Card Equipment Options | # Terminals to be Purchased @ \$360 each: # Imprinters @ \$30 each: |
| <input type="checkbox"/> Change the SAP GL Account or Cost Center for this merchant account: | |
| | From: _____ To: _____ |
| <input type="checkbox"/> Cost Center Revenue <input type="checkbox"/> Expense <input type="checkbox"/> | |
| <input type="checkbox"/> GL Account Revenue <input type="checkbox"/> Expense <input type="checkbox"/> | |

MDRP or Dean/Director or Chair: _____

Date: _____

Phone #: _____

Upon completion and signature obtained, send to:

Merchant Card Services, 310 Peterson Service Building, Lexington, KY 40506-0005

Questions? Call 859-257-7356