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

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