Accounts Receivable AR04



MERCHANT ID & POINT-OF-SALE (POS) RETURN FORM

Purpose of Form: The Finance Department keeps track of the Merchant ID and Point-of-Sale (POS) terminals, and should be informed of any closures of Merchant IDs and/or returns of unused POS terminals. This will ensure that departments are not being charged additional equipment and bank fees for any inactive Merchant IDs and unused POS terminals. **Please use this form for when you wish to close a Merchant ID and/or return unused POS terminals.**

1. Requestor Information:		
Name:	Ext:	Email:
Department:		
2. Merchant ID & Machine Information:		
> Merchant ID:		
> Do you want your Merchant ID to be closed by Fir	iance Departme	nt? Yes 🗆 No 🗆
> Please enter the number of machines you are returning:		
> Please select the type of machine you are returning:		
> If ' Other' is selected above, please specify:		
3. Authorization:		
Your typed name below indicates your approval of the form	n and confirms t	hat all information is accurate.
Name:		Date:
Department:		
Once completed, please submit this form to Accounts Receivable / Finance Department: <u>Gail.Puskas@uwindsor.ca</u> If there are any questions while filling out the form, please contact: Gail Puskas by phone at ext. 2125 or by email at <u>Gail.Puskas@uwindsor.ca</u>		
FINANCE DEPARTMENT USE ONLY		
Approved by:		Date:
Comments:		