

When completed return to:

Fax: 1300 725 726 or Email: **providerservices@hicaps.com.au** or
Mail: GPO Box 84A, Melbourne Vic 3001

Help Desk reference
(HICAPS use only)

Please amend the following details: (tick appropriate box)

1. Provider – Deletion (Complete **A, B,** and **E**) Employee of Merchant facility **to be Closed**
2. Merchant – Deletion – Merchant Facility to be CLOSED (Complete **A, C** and **E**)
3. Terminal De-install – Deletion – EFTPOS Merchant Facility with providers to be De-installed (Complete **A, B, C, D** and **E**)

*Denotes mandatory fields – (details on your current HICAPS terminal receipt)

A Your Practice Details	
Company/Practice Name*	Merchant Number* Terminal Number(s)*
_____	_____ S _____ S _____
Company/Practice Phone	Company/Practice Email
_____	_____

B Provider – To be Deleted			
Title	First Name	Surname	Provider Number*

C Terminal – To be Closed		
HICAPS TERMINAL ID	Merchant Name	Merchant Number
S _____		
S _____		
S _____		
S _____		

D Terminal for Collection	
Location of Terminal for Collection	
Contact name for Collection	
Contact Phone number for Collection	
Effective Closure date	

E Authorised signatures (All signatories to the original HICAPS/EFTPOS contracts must sign)	
Signature _____	Signature _____
Name _____	Name _____
Position (circle as applicable) Director / Partner / Sole Trader _____	Position (circle as applicable) Director / Partner / Sole Trader _____
Date ____/____/____	Date ____/____/____

Diners, Amex & JCB

Please note: If you no longer require merchant facilities with **DINERS**, American Express (**AMEX**) or Japanese Credit Bureau (**JCB**), please contact directly. HICAPS is unable to do this on your behalf.

DINERS Phone: **1300 360 500**
AMEX/JCB Phone: **1300 363 614**