

**When completed return to:**

Fax: 1300 725 726 or Email: [providerservices@hicaps.com.au](mailto:providerservices@hicaps.com.au) or  
 Mail: GPO Box 84A, Melbourne Vic 3001

Help Desk reference  
(HICAPS use only)

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**Please amend the following details:** (tick appropriate box)

- Provider – Deletion (Complete **A**, **B**, and **E**) Employee of Merchant facility **to be Closed**
- Merchant – Deletion – Merchant Facility to be CLOSED (Complete **A**, **C** and **E**)
- 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)*
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