



For CMS Office Use Only:

Date Received: _____ Date Submitted: _____
Security Call: _____ Date Completed: _____
By: _____ Date Scanned: _____

Merchant Reserve Release Request Form

Merchant Name: _____

Merchant Number: _____

Reserve Release Request amount: _____

Confirm existing bank account information

Last 4 digits of Bank Account number: _____

Bank Name: _____

If bank account information does not match what is on file, a bank account change form may be required.

Signature of Authorized Principal

(as specified on the Merchant Agreement)

Date

Printed Name

Phone

Email Address

Please email the completed form to risksupport@cmsonline.com or fax to 877-537-9485.

Please contact our risk department at 1-877-267-4324 with any questions.