



## MERCHANT CONCERN FORM

Name of person submitting the complaint:

Merchant business name:

Merchant street address:

City:

Province/Territory :

Postal code:

Phone number:

E-mail address:

Name of service provider:

Date spoken with service provider:

Merchant Number:

Name of service provider representative:

The policy element of the Code that the complaint pertains to:  
*Select all that apply to your inquiry*

- Element 1 – Transparency and Disclosure
- Element 2 – Notice of fee increase or new fee
- Element 3 – Contract Cancellation
- Element 4 – No Obligation Acceptance
- Element 5 – Payment Method Discount
- Element 10 – Negative Option Acceptance
- Element 11 – Contactless Payments
- Element 12 – Renewal and Cancellation Disclosure
- Element 13 – Complaint Handling Process

Please provide a summary of your complaint:

Email or mail supporting documents:

If applicable, please email, mail or fax supporting documentation, along with your completed Merchant Concerns Form to:

**Peoples Trust Company:**  
Suite 901-123 Front Street,  
Toronto, ON, M5J 2M2  
Email: merchantacquiring@peoplestrust.com  
Fax: 416-368-3328