MERCHANT STATEMENT

Merchant Name:
Merchant Address:

Merchant ID (MID):
Statement Period:
Statement Date:
Account Number:

ACTIVITY SUMMARY

GROSS VOLUME
TOTAL FEES
CHARGEBACKS/ADJUST.
NET DEPOSIT

PROCESSING VOLUME BREAKDOWN

Card Type / Service	Transaction Count	Gross Amount	Fees Charged	Net Amount
Total Processing				

DETAILED FEE & SERVICE CHARGE SUMMARY

Fee Description	Rate / Basis	Volume / Count	Total Fee
Total Fees & Charges			