



<u>FOR OFFICE USE ONLY</u>	
CARD #	_____
FACILITY	_____
LEVEL	_____

Account Cancellation Form

Childress Klein requires **thirty (30) days or more** advanced written notice to cancel an account. Upon completion of this form, your account will be flagged for cancellation. On the last day, the parking access card must be turned in to complete termination.

SECTION I. CUSTOMER INFORMATION

CUSTOMER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PARKING FACILITY: 1WFC 2WFC 3WFC THE GREEN LCA

EMPLOYER: _____ DAYTIME NUMBER: _____

SECTION II. ACCOUNT INFORMATION - Please check one:

COMPANY PAID
 AUTOMATIC DRAFT
 WIRED COMMUTE
 WAGE WORKS

If using a commuter benefit program, please cancel with appropriate provider by the 10th of the month for the coming month.

Reason(s) for Cancellation: Ride Transit Walk/Bike Transfer Garage/Lot Leave Uptown (Same Co.) Job Change

Other Reasons for Cancelling: _____

EFFECTIVE DATE OF CANCELLATION: _____

I hereby wish to terminate my parking account with Childress Klein. I agree to the thirty (30) day or more term listed in my contract and will turn in my parking access card at the effective cancellation date.

Customer Signature: _____ Date: _____

Agent: _____

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Deleted ACH: _____	Pro-rate/Refund: \$ _____
Deleted McGann: _____	Monthly Report: _____
CARD RETURNED: _____	
DEPOSIT AMOUNT: _____	
CHECK #: _____	ISSUE DATE: _____