



FOR OFFICE USE ONLY

CARD # _____

FACILITY _____

LEVEL _____

Account Cancellation Form

Childress Klein requires **thirty (30) days or more, with cancellation effective the last day of the calendar month**, advanced written notice, via this form, 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: _____

EMPLOYER: _____ DAYTIME NUMBER: _____

SECTION II. ACCOUNT INFORMATION - Please check one:

COMPANY INVOICE

ACH DRAFT

HEALTH EQUITY

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: _____