

EFT CANCELLATION

CANCELLATION PROCEDURES:

This completed form must be presented to your instructor by the 15th of the month to be effective the following month.

Customer Name: _____ EFT Customer #: _____

Please Print

Effective Month of Cancellation: _____ (effective on the first of month)

Month/Year

Customer Signature: _____ Date: _____

Instructor Name: _____ Instructor #: _____

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