



# Cancellation Request

Please provide a valid e-mail address to receive confirmation that your request is in progress. If you do not receive confirmation within 3 business days please contact tech support at 517.999.9999 to verify we received your cancellation request. Forms that are not filled out in their entirety will not be processed. By completing & submitting this form & certify that I am authorized to make such alterations.

Please enter the date you would like your service terminated on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cancel the following Services\* (initial all that apply):  
 DSL  
 Phone  
 Other \_\_\_\_\_

If you are canceling phone services and have multiple lines please indicate below which lines you would like canceled. If you intend to take your phone number to another provider, please begin the porting process before you submit this form to prevent number loss.

\_\_\_\_\_ (Please attach additional sheets if needed)

Do you have e-mail services with ACD.net that you wish to retain? If so please list those e-mail addresses.

\_\_\_\_\_ (Please attach additional sheets if needed)

I understand that all monthly service charges through the month in which my service is due to be cancelled as well as any and all early termination fees, if any, per the Terms and Conditions of my contract and will be assessed to my account and/or credit card at time of cancellation. Any ACD owned equipment (e.g. DSL Modem and power cord) must be returned by the cancellation date or the current retail price will be assessed to your account and/or charged to your credit card.

I further understand that if I am canceling part of a bundled package (i.e. E-mail addresses, DSL and phone service) that I will be charged the normal retail rate for any remaining service plus any early termination fee on the cancelled service as well as any introductory rate will be void.

DSL Agreement is under the following;

Name: \_\_\_\_\_

Customer ID Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

New Address (If cancellation is due to relocation): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_