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Sign and fax the completed form to 1-480-449-8823. E-mail: clientsupport@ccbill.eu for assistance.

ACCOUNT CANCELLATION

Account Number: _____ Subaccount: _____

If the subaccount is not specified, the entire account will be cancelled. If a subaccount is specified, only that subaccount will be cancelled.

Reason: _____

Account Holder's Name: _____

Account Holder's Signature: _____

Date: _____

Please do not assume a change has been made until you receive an email confirmation to the email address you have provided for your account.