



Sign and fax the completed form to 1-480-449-8823. E-mail: [clientsupport@ccbill.com](mailto:clientsupport@ccbill.com) for assistance.

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### ACCOUNT CANCELLATION

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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 from CCBill to the email address you have provided for your account.