



Request for Service Cancellation

Instructions: Fill in information below to process a cancellation of service request. Mail completed form to:

FACTS
1930 Winter Street
Kingsburg, CA 93631

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MM/DD/YY)	FILE NUMBER

Current Service: _____

Service start date (MM/DD/YYYY): _____

Terms and Conditions

1. A refund will be issued if you request service cancellation within 10-business days of your initial application, so long as services have not already been partially or fully completed.
2. No refund will be issued if services have been provided by FACTS to applicant at time of request.

By signing this form you are attesting that you understand and agree to the following terms.

1. I certify that I am the applicant named on this form.
2. I certify that all information supplied is accurate and complete to the best of my knowledge.

APPLICANT

DATE