

CANCELLATION OF ACCOUNTING SERVICES FORM

This Cancellation Agreement is effective as of [DATE] by and between [CLIENT NAME] and (“Client”) and [ACCOUNTING BUSINESS NAME] (“Company”). Client and Company are individually referred to as “Party” and may be collectively referred to as the “Parties.” This Cancellation Agreement terminates and supersedes all previous oral and written contracts.

1. Client Details

- a. Client Name: [CLIENT NAME]
- b. Client Email: [CLIENT EMAIL]
- c. Client Phone: [CLIENT PHONE]

2. Cancellation Details

- a. Service to be canceled: [SERVICE]
- b. Reason: [CANCELLATION REASON]

1. Agreement

I, the undersigned, declare, agree and confirm that:

- a. I have reviewed the Service Agreement with [ACCOUNTING BUSINESS NAME] and fully understand the cancellation terms and conditions that I agreed to in conjunction with contracting for these services.
- b. Cancellation is limited by the cancellation policy as outlined in the Service Agreement.
- c. I have read, understand, and agree to be bound by the cancellation terms and conditions as outlined in the Service Agreement.
- d. I hereby indemnify all parties that may act on the information provided and against any claims that may result from its use.
- e. I am duly authorized to sign on behalf of the account holder
- f. The information provided on this form is true and correct.
- g. The terms and conditions of the Service Agreement will govern this cancellation Agreement.

THE UNDERSIGNED HAVE READ AND UNDERSTAND THE ABOVE CONTRACT AND AGREE TO THE TERMS AND CONDITIONS IN THEIR ENTIRETY.

COMPANY:

Printed Name: _____

Title: _____

Date

CLIENT:

Printed Name: _____

Date

Title: _____