

## Request for Cancellation of Services

I \_\_\_\_\_, provided **Canadian Pardon Services** with my credit card details on \_\_\_\_\_(date) for the purpose of a

Pardon       Waiver

After receiving initial instructions and starting documentation by email or mail I have chosen to cancel my application because of:

- Financial concerns
- I am completing the process on my own
- I would like to delay the process to another date
- Other (specify):

### Address

Street Name and Number:

Apt Number (if applicable):

City:

Province:

Postal Code:

Home Phone Number:

Additional Phone Number(s):

### Billing Information

Visa       MasterCard       American Express

Credit Card #:

Exp.

CVV#:

(Last 3 or 4 digits on the back or front of your credit card).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print, complete and mail or fax this form to:

Accounting Department  
Canadian Pardon Services  
201-523 The Queensway  
Toronto, Ontario M8Y 1J7  
Fax: (416) 251-1905

**523 The Queensway, Suite 201, Toronto, ON M8Y 1J7 Tel: 416 251-1900 Fax: 416 251-1905**