



## Automatic Billing Cancellation Form

This form MUST be received by the THH office at least 7 days prior to the end of the month in order for the billing to be stopped for the next month. Forms received after 7 days prior to the end of the month will be processed for the following month. There will be no refunds for automatic billing payments

Name on Credit Card: \_\_\_\_\_ Date \_\_\_\_\_

Name of participant: \_\_\_\_\_

Date of cancellation: \_\_\_\_\_

Signature: \_\_\_\_\_