

Co-op Telecom Program Move Out Form

Co-op Name: _____



Co-op Member Information:

Instructions: Complete, sign and return to the program administrator

First name

Last name

Contact phone number

Email

Alternate contact name

Suite Number

Move-out date

New Address

City

Province

Postal Code

*Move-out Form must be completed a minimum of 30-days before move-out date

Terms and Conditions

1. The signing member agrees to take the above services from TELUS to the new place of residence.
2. The Move-out Form must be completed a minimum of 30-days prior to the move-out date.
3. The signing member is responsible to return all TELUS rental equipment.
4. The signing member is responsible to make a payment for the balance of the 12 month contract before transferring the remainder of the term to the new place of residence.
5. The signing member is required to call TELUS registration line at 1-888-530-2958.

Please sign and date this contract to indicate your agreement with the terms.

Sign and print name

Date

For questions regarding your service move out, please call 604-343-2368 or email telecom@chf.bc.ca .

*Move-out Form must completed a minimum of 30-days before move-out date