

CHF BC TELECOM PROGRAM CANCELLATION FORM



CO-OP INFORMATION *(Please print clearly)*

CO-OP NAME

CO-OP PHONE

CO-OP EMAIL

MEMBER INFORMATION

MEMBER FULL NAME

UNIT NUMBER

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE

CELL PHONE

EMAIL

CANCELLATION DATE

SERVICE CANCELLATION DATE

TODAY'S DATE



TERMS AND CONDITIONS *(Please read and review carefully before signing)*

1. Cancelling the agreement before the term expires requires the member to notify BOTH CHF BC and TELUS with a minimum of one month's notice; in which the member **is responsible** for paying the balance for the charges of the outstanding service(s).
2. After the one-year term, the service(s) will automatically renew every three months, with an option to cancel quarterly. If the member decides to cancel early, the member is still responsible to pay the balance of charges for up to three-months of service.
3. Additional services including, but not limited to, higher tiered Internet, individual channels, theme packs, long distance plans, unlimited data usage, and/or additional home phone service are available. TELUS will directly bill members for any additional services on their home services bill. Standard TELUS terms of service apply.
4. The signing member is responsible for all TELUS rental equipment. Please put the equipment in a sealed box and deliver it to a Canada Post Office. You can obtain the TELUS return label from any Canada Post Office. Keep the tracking number for your own records. Alternatively, you can call TELUS at 310-2255 for more information.

PLEASE COMPLETE THE FOLLOWING STEPS

1. Cancellation can only be accepted upon receipt of this completed form via email to telecom@chf.bc.ca.
2. To cancel your services, upon receipt of this completed form to CHF BC, call TELUS directly at 1-855-311-2008. (please note your co-op nor CHF BC can not do this on your behalf).
3. A copy must also be submitted to your co-op office at least 30-days prior to your term expiry date.
4. If you don't know the contract expiry date, please contact your co-op office or Program Administrator.

SIGNATURE

NAME (PRINT CLEARLY)

DATE

