



# Account Cancellation Request

**This form is required to cancel any account.** No other form of communication will be accepted. Cancellation dates cannot be earlier than the date this form is received by TriStar. ***It is the responsibility of the Dealer to disconnect or reprogram the dialer/communicator from the receiver line before a request for cancellation is submitted. Any signals received after the cancellation date will be subject to the terms of the Dealer Monitoring Agreement.***  
 Contact the central station with any questions prior to submitting cancellation request.

Account #	Subscriber Name	Cancel Linked Accounts?	Cancellation Date

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Dealer Name**

\_\_\_\_\_  
**Date**

<b>TriStar use only:</b>	Date Received _____
Processed by: _____	Date: _____
EDM by: _____	Date: _____