GE Interlogix

CHANGE/CANCELLATION FORM – DisplayKEY/eKEY

O Account Change
O Insurance Cancellation
O Account Cancellation

MLS PIN	SHREWSBURY, MA

Last Name _____ (Please Print)

First Name _____ (Please Print)

Agent ID _____

Phone # ( ) _____ - _____

ACCOUNT CHANGE: O Debit Card O Credit Card

Cardholder Name (as it appears on card): _____

Acct #: _____ Exp Date: _____

Card Billing Address: _____

City: _____ St: _____ Zip: _____

I understand my responsibilities as defined in Section 3, e and f (page 1) of the Keyholder Lease Agreement and authorize Supra to initiate debit/credit entries on the account indicated above for the monthly System Fee. This authorization shall remain in full force and effect until Supra has received written notification from me of its revocation in such time and such manner as to afford Supra a reasonable opportunity to act on the revocation.

_____
Agent Signature

CANCELLATION TYPE: O Loss/Theft Insurance O Account

KEY TYPE: O eKEY O DisplayKEY

KEY SERIAL #: _____

KEY PAYMENT METHOD: O Debit Card O Credit Card O Annual Bill

If this is for cancellation of account, I acknowledge that all leased product that is part of the eKEY or DisplayKEY has been returned in working condition and that any unused portion of previously paid System Fees will be forfeited. If this is for cancellation of Loss/Theft Insurance, the keyholder understands that the Loss/Theft Insurance option cannot be reinstated or added for the remainder of the term of the Keyholder Lease.

_____
Authorized Association/Board/MLS Signature

_____
Agent Signature

I acknowledge that the information above is correct and that failure to sign below does not negate my responsibilities as defined in the Keyholder Lease.

Agent Acknowledgement: _____ Date: _____
(Agent Signature Required)

This form was created by the Supra Finance Department and cannot be altered.