



Tenant Membership Cancellation Form

REFS Account Number	
Last Name	
First Name	
Middle Initial	
Date of Birth (MM/DD/YY)	
Social Security Number	
Home Phone	
Mobile Phone	
Email Address	
Apartment Community/Landlord	
Current Address	
Apartment Number	
City, State, Zip	

Why have you decided to cancel your membership?	
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I understand that this is a request to cancel my membership with Rent Equity Financial Services, LLC. If my monthly payment has already been submitted, I understand that my benefits will expire at the end of the month of service. If I have not made my monthly payment, I understand that my benefits will be immediately cancelled as of the date I sign this agreement. I understand that fees that have already been paid to Rent Equity Financial Services, LLC are non-refundable. If I am enrolled in the AutoPAY plan, it will automatically be cancelled along with my membership. If I decide to become a member within six months of cancelling this agreement, I understand that I will be required to pay a re-enrollment fee of \$150.00. My membership benefits will begin after six months of consecutive payments.

I understand that my signature acknowledges that I have read and agree to the terms set out in this agreement. I also acknowledge that the information provided in the application is accurate and true.

Member Name

Member Signature

Date of Agreement to Cancel