

CHANGE/CANCELLATION FORM

- Account Change
- Insurance Cancellation
- Account Cancellation

Greater Albuquerque Association of REALTORS®

Association / Board / MLS Name

Last Name _____ Keyholder ID _____
 First Name _____ Phone # _____

eKEY BILLING ACCOUNT CHANGE: Credit/Debit Card

Cardholder Name: _____

Acct #: _____ Exp Date: _____

Card Billing Address: _____

City: _____ St: _____ Zip: _____

I understand my responsibilities as defined in the Keyholder 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.

CANCELLATION TYPE: Replacement Insurance Account

KEY TYPE: eKEY **KEY SERIAL #:** _____
 ActiveKEY

If this is for cancellation of account, I acknowledge that all leased product that is part of the Shelled eKEY or the ActiveKEY has been returned in working condition and that any unused portion of previously paid System Fees will be forfeited.

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

Keyholder Acknowledgement: _____ Date: _____