



Office Use Only:
ID# _____
Staff _____
Date received _____

Organization Name _____

Address _____

Phone _____

Contact Person's Name _____

Email Address _____

Please, select one or both of the following:

Cancel our CDM+ Web Ministry Tool account effective

- Immediately On this date: ____ / ____ / ____

Cancel our Stewardship Technology merchant account effective

- Immediately On this date: ____ / ____ / ____

Reason for cancellation _____

I understand if I choose above to cancel our Stewardship Technology merchant account immediately, it will be closed 5 business days from the date CDM+/Suran Systems, Inc. receives this cancellation request in order to allow settlement of any pending transactions.

I understand it is my responsibility to prohibit new or recurring transactions from being initiated through our Stewardship Technology account once this cancellation request has been submitted for processing.

BY SIGNING BELOW I CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE ABOVE NAMED ORGANIZATION AND HAVE THE AUTHORITY TO TERMINATE THE ABOVE SELECTED ACCOUNT(S).

AUTHORIZED SIGNATURE _____

PRINT NAME _____ **DATE** _____

Upload this form to our File Depot at the link below. Once upload is complete, please email customerservice@suran.com to notify us that the form has been uploaded.

<https://www.suran.com/file-depot/>