

WCOIL CANCELLATION FORM

(Submit to WCOIL by 25th of the month to stop charges for the following month)

School Name: Bluffton Schools

Employee Name: _____

Full Address: _____

Phone Number: _____

WCOIL Username/WCOIL email address: _____

Please circle one:

1. Cancel Account
2. Keep account, bill customer at home (Billing address: _____)

Effective Cancellation Date: The first of _____

Reason (optional): _____

Date: _____

Employee Signature or school contact/representative: _____