Contract Cancellation Form

Contact Information

Full Name: _____

Company Name: _____

Email Address: _____

Phone Number: _____

Contract Details

Agreement/Contract Number: _____

Service/Product Name: _____

Subscription Type: ( ) Monthly ( ) Annual

Start Date of Contract: _____

Cancellation Request

Cancellation Effective Date (if within notice period): _____

Reason for Cancellation:

( ) Service no longer needed

( ) Switching to another provider

( ) Price-related issues

( ) Unsatisfactory service

( ) Other (please specify): _____

Confirmation

I understand that according to the terms of my contract:

For monthly subscriptions, cancellation will be effective at the end of the current billing period if the cancellation notice is received at least 60 days before the end of the contract term.

For annual subscriptions, cancellation will be effective at the end of the current annual billing period if the cancellation notice is received at least 60 days before the end of the contract term.

I will not receive any refunds, and I agree to continue paying until the effective cancellation date if outside the required notification period.

Signature: _____

Date: _____

Submission Instructions:

Please email the completed form to help@oberonnextgen.com and include the word “cancellation” in the subject line.