



EKey Cancellation

Member Name:	Member #:
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By checking this box I agree to cancel my key service with MetroTex.

EKey Serial# _____

Member Signature: _____ Date: _____

Keyholder Address (for refund if applicable):

Street: _____

City: _____ State: _____ Zip Code: _____

Please Note: EKey holder may be due a refund of prorated fees.

Refunds subject to verification by accounting. Please allow 4-6 weeks for delivery.

Accounting Use Only		
Refund Approved	Yes	No
Amount of Refund:		
Change Bill Type to:		
GL Code:		
Vendor Code:		
Processed by:		