

# Cancellation Authority Form



## CUSTOMER INFORMATION

**Customer Name:** \_\_\_\_\_  
**Account No.** \_\_\_\_\_ **Company Name:** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_ **Contact Mobile:** \_\_\_\_\_  
**Account Address:** \_\_\_\_\_  
**Suburb/City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

## SERVICES TO BE CANCELLED

<b>Service(s) to be Cancelled</b>  <i>Please list all service numbers and/or ADSL/Internet Services</i>	
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Do you want calls to the disconnected number to be diverted? Yes\*  No   
If yes, list the numbers each service is to be diverted to above, including the area codes

### Pre-Paid Redirection Period Options

3 Months (\$) <input type="checkbox"/>	6 Months (\$) <input type="checkbox"/>	12 Months (\$) <input type="checkbox"/>
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### Diversion Options

Straight Divert <input type="checkbox"/>	Advise New Number Then Divert <input type="checkbox"/>
Advise New Number Then Hang up <input type="checkbox"/>	

## ADDITIONAL INFORMATION

*Please provide any other relevant information in this box:*

## AUTHORISATION

I hereby authorise the above service(s) to be cancelled

**Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print) (DD/MM/YY)

**\*Requested Date of Disconnection:** \_\_\_\_\_  
(DD/MM/YYYY)

\*Mark ASAP if the scheduled date not necessary.

## SENDING

Once complete please send back by:

- Fax:** 1300 724 581
- Email:** customerservice@ictcommunications.com.au
- Or **Post:** Customer Service, Suite 222 / 738 Burke Road, Camberwell, VIC 3124