



All fields on this form are mandatory. Failure to complete this document entirely could result in delays processing the request.

Customer Request for Cancellation of Account

Equifax Member Number(s):

Company Name:

Current Address (as registered in our system):

Physical Address:

City:

State:

Zip Code:

As of (date), we are hereby requesting the change as selected above to be applied to our membership with Equifax. Let this form be evidence of this request.

Requestor (contact name):

Title:

I have authority to bind the corporation

Reason for Cancellation:

Telephone Number: / Fax Number:

Corporate Email Address:

Signature:

In order to process your change request this form must be forwarded to Equifax by email at cust.serv@equifax.com.

If you have any further questions, please contact Customer Service Department via 1-800-685-5000