

# ForeclosureFish Membership Cancellation Form



Please provide the following information about your membership.  
*All information must be completed* in order to process your cancellation request.

## Membership Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Original Payment Information and Date

**Circle Type:** Check/Money Order   Wire Transfer   Credit Card   **Date Paid:** \_\_\_\_\_

**Please explain your reason for canceling your membership:** \_\_\_\_\_

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## Terms and Conditions

By signing below, I hereby represent, warrant and affirm, under penalty of perjury, that the above information is true and accurate and that I am the original purchaser of the ForeclosureFish membership. I hereby request ForeclosureFish to immediately cancel my membership and I agree to immediately discontinue use of the ForeclosureFish website and all related products and/or services. I understand and agree that I will not be provided a refund unless this cancellation is post marked within three calendar days of the original date of membership purchase.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The original copy of this form must be mailed to: Refund Request Department, 1501 N. Magnolia Ave., Chicago, IL 60622. Fax copies or emails are not accepted.**