

Membership Cancellation Form

Complete this form to request cancellation of your monthly membership plan.

Client information

Full name	
Address	
Phone number	
Email address	

Plan requested for cancellation

☐ Essential Tax Support Plan - \$40/month
☐ Self-Employed Tax Support Plan - \$100/month
☐ Bookkeeping Essentials Plan - starting at \$200/month
☐ Bookkeeping + Self-Employed Tax Support Plan - \$300/month
☐ Other: _____

Effective cancellation date

Requested effective cancellation date	
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Client acknowledgment

• Membership can be cancelled at any time by submitting this cancellation form. • Services will remain active until the last day of the last paid month. • The total credit available on my account may be used only toward my following/next tax season tax return. • If support is needed with a prior-year tax return not prepared by MJ Accounting & Professional Services Corp, the full preparation cost must be paid even with active membership. • Any outstanding balance or services outside the plan may be billed separately.

Signature

Client signature	
Date signed	