

NOTICE OF CANCELLATION

To: Customer Service
Company: CompuServe
P.O. Box 28650
Jacksonville, FL 28650-8650

Date: _____

Re: NOTICE OF CANCELLATION

From: _____

Address: _____

Phone #: _____

To Whom It May Concern:

Please accept this notice as my request to cancel my account with CompuServe effective immediately.

My CompuServe user name is _____.

The last 4 digits of the credit card my account is billed to are _____.

Please send me written confirmation, via my address above, that my account has been cancelled. Please do not hesitate to contact me with any questions via the phone number provided above.

Thank you,

signed