|  |  |
| --- | --- |
| **School name:** |  |
| **DfE number:** |  |
| **Last four digits of card number:** |  |
| **Cardholder’s name:**  |  |
| **Contact name:** |  |
| **Date to be cancelled:** |  |
| **Reason for cancelling:** |  |
| **The card must be destroyed. Please confirm date it was destroyed:** |  |

**NOTE: You must ensure any subscriptions or regular payments on the card are cancelled directly with the retailer(s)**

**There is no need to cancel the direct debit instruction**

**Signed: …………………...………………**

**Print name: ………………...………………**

**Designation: ………………...………………**

**Date: …………………...**

**Please email this form to** **schoolsfinancialservices@theeducationpeople.org**