

KCC Schools – onecard

Cancellation Form

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