



Cancellation Request For Wash Club Membership

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Telephone # (_____) _____

Last 4 Digits of Billed Credit Card _____

Club Membership \$ _____ Per Month

RFID Number _____ (Number on the Wash Club sticker on vehicle windshield)

Signature _____ Date _____

Original Location You Joined The Wash Club _____

After printing and completing this form, you may submit by either emailing the completed form to washclub@frankscarwash.com or fax the completed form to Frank's Car Wash at 803-359-2171

All cancellation requests must be submitted no less than 7 business days prior to your next Wash Club billing cycle. Otherwise the account may still be charged and no refunds will be issued.