



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 _____

Reason for Cancellation: _____

**After printing and completing this form, you may submit the completed form
to customercare@icwg.com**

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.