

ADC Cancellation Request

| NAME: | | | |
|-----------------------------|----------------------|--------------------------|------------------------|
| MEMBER ID #: | _ | | |
| PHONE #: | _ | | |
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| l, | will l | ike to cancel my America | Drivers Club |
| membership effective | | | agree I will no longer |
| have roadside assistance or | glass coverage for r | my vehicle/s. | |
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| Signature: | | | Date: |