# WITHDRAWAL FORM

*If you wish to exercise your right of withdrawal, please complete and return this form to the following email address : customer@cloverskypay.com*

To Customer Service,

Hello,

I would like to exercise my right of withdrawal with respect to the following services:

Date of invoice* :

Invoice number*:

Username used *:

Email address used *:

Last name First Name**:
Address** :

Date and signature:

*: Required data
**: Optional data