



Triangle Family Dentistry  
State-of-the-Art Comfort Dentistry

TFD Dental Access Plan  
**Notice of Cancellation**

I am currently enrolled in the TFD Dental Access Plan and would like to cancel my plan and discontinue my automatic draft payments.

Member Name \_\_\_\_\_

Member's designated email address: \_\_\_\_\_

DAP Membership Initial Sign-up Location:      WF     MV     FV     CP     AX     BC

Additional Family Members on this plan \_\_\_\_\_

Date of Cancellation (Must be 30 days prior to Renewal Date) \_\_\_\_\_

\_\_\_\_\_  
Member/Responsible Party Signature

\_\_\_\_\_  
Date

**Return this signed form by email to: [cancellations@tfdsmiles.com](mailto:cancellations@tfdsmiles.com)**

\*\*\*\*Internal Use Only\*\*\*\*

Auto Draft Cancelled:	Fee Schedule Updated:
Ledger Comment Placed:	Family Members Updated:
If Partial Cancellation, Plan Fees updated:	

