SUBMIT BY THE 25th for same month processing*

ACDelco PSC PROFESSIONAL SERVICE CENTRE

# CARDHOLDER REMOVAL REQUEST FORM

*Form to request a removal of an active ACDelco PSC Rewards cardholder.*

**This form details the requirements and approval process for submitting a request to remove one of your business' cardholders from the ACDelco PSC Rewards Program. By filling out this form and securing approval from your ACDelco Representative, you authorize ACDelco to carry out this update and agree to the terms and conditions outlined both here and in the ACDelco PSC program. Please ensure that you review all information carefully before submitting your request.**

## BUSINESS INFORMATION

| | |
|---|---|
| **BUSINESS NAME:** | **ACDelco ACCOUNT CODE:** |
| **PHONE NUMBER:** | **BUSINESS EMAIL:** |
| **BUSINESS ADDRESS:** | **SPONSORING DISTRIBUTOR NAME AND CODE:** |

## CARDHOLDER TO REMOVE

This cardholder will be removed from the ACDelco PSC Rewards Program.

| | |
|---|---|
| **FULL NAME:** | **REWARDS EMAIL ADDRESS:** |
| **REWARDS ADDRESS:** | |
| **REASON FOR REMOVAL:** | |

**ACDelco PSC Rewards Program**

The undersigned understands the previous cardholder will continue to be paid rewards for the months when they were an active cardholder, prior to ACDelco being made aware of this cardholder change. The card will remain active until expiry. A previous cardholder could be mailed a new card as a one-time renewal as part of the next card renewal *(every 3 years)* if they have a remaining balance. No new funding points will be placed on the previous cardholder's reloadable card effective with the cardholder change

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month provided to ACDelco (points earned during the cardholder change month will be provided to the new cardholder). The cardholder change effective date is based on when the form is submitted to the ACDelco Info-Line and not the signature dates below.

**Log into www.TechConnectCanada.com to review the full ACDelco PSC Program and ACDelco PSC Rewards guidelines.**

| APPROVALS REQUIRED | |
|---|---|
| **ACDelco REPRESENTATIVE SIGNATURE:** | **DATE (DD/MM/YYYY):** |
| **SHOP OWNER SIGNATURE:** | **DATE (DD/MM/YYYY):** |
| **SUBMITTED BY:** | **DATE (DD/MM/YYYY):** |

**Complete form and email to: support@ACDelcoinfoline.com**
**To automatically send a saved form, click the submit button and select Outlook (the default) or add your email convention.**

SUBMIT

**Form must be submitted and approved by the ACDelco representative by the 25th for the update to take effect within the same month. We cannot guarantee any adjustments submitted past the monthly deadline. The cardholder change will be effective as of the month the form is received by the ACDelco Info-Line (with all approvals) regardless of the signature dates in this form by the sponsoring Distributor, District Manager or Account.*