



An agency of the Government of Ontario

2024 Cancellation Request

AgriStability

Use this form to cancel your participation in AgriStability. This request can only be signed by the participant; nobody else can sign this form on your behalf.

Section A: Customer information

Business name (sole proprietor, partner, partner in a partnership or corporation)	Agricorp ID	
	A	
Business mailing address (civic number and road name)	Primary business telephone number	
City/Town	Province	Postal code

Section B: Reason for cancelling (e.g., no longer farming)

Please explain why you are cancelling your AgriStability coverage.

Section C: Agreement and signature

I want to cancel my AgriStability coverage for the 2024 program year. I understand that:

1. By cancelling my coverage, I will be unable to participate in AgriStability for the 2024 program year and will not receive any AgriStability correspondence for future program years.
2. If I am cancelling my coverage after the due date on my invoice, I still need to pay my total amount due plus the late penalty.
3. If I received a 2024 interim payment, Agricorp will recover that amount.
4. To participate in AgriStability in the future, I will need to contact Agricorp and submit a *New Participant Form* by the appropriate deadline.

Name (please print)	Participant signature	Date (YYYY/MM/DD)
	X	

Section D: Submit completed form

Mail or fax

Agricorp
1 Stone Rd. W.
PO Box 3660 Stn. Central
Guelph ON N1H 8M4
Fax: 519-826-4334

Questions?

1-888-247-4999
agricorp.com
contact@agricorp.com
TTY: 1-877-275-1380
Accessible formats available

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