



# REQUEST TO CANCEL MONTHLY MEMBERSHIP PAYMENTS

TODAY'S DATE: \_\_\_\_\_ CASHIER SIGNATURE: \_\_\_\_\_

Name on contract: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Membership Type

FAMILY  ADULT COUPLE  ADULT SINGLE  SENIOR COUPLE  SENIOR SINGLE  OTHER

Date of 1<sup>st</sup> monthly payment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current monthly payments: \$ \_\_\_\_\_

Type of withdrawl:  BANK  CREDIT CARD

Requested date of final Monthly Membership Withdrawl: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Requests will only be approved if the terms of EFT contract have been met.*

*I understand that all EFT cancellation requests MUST be turned in **AT LEAST 15 BUSINESS DAYS PRIOR TO THE LAST PAYMENT DATE BEING REQUESTED**, as stated in my contract. Requests turned in later than **15 business days prior** to requested end date are subject to deferment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF USE ONLY

Date request was reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

Request Decision:  APPROVED  DENIED

Reason for decision: \_\_\_\_\_

Request reviewed upon and ruled by:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_