

Payroll and Credit Card Deduction Cancellation Form

(Must be submitted after the 1st and before the last day of the last month the member wishes to be charged for)

Name: _____ ID# _____

Spouse/Dependent Name: _____ ID# _____

Reason for Cancellation:

Please check all that apply:

- ☐ Cancel Main Member (*any sub-members will be canceled*)
- ☐ Cancel Spouse
- ☐ Cancel Dependent

- ☐ Payroll Deduction Cancellation
- ☐ Credit Card Draft Cancellation

Membership will expire on last day of (month): _____

Received By _____
(Main Desk attendant)

Date Received: _____

Acknowledgement: (Tear off, Customer Copy)

Name: _____ ID# _____

Please check applicable cancellation:

- ☐ Payroll Deduction Cancellation
- ☐ Credit Card Draft Cancellation

Membership will expire on last day of (month): _____

Received By _____
(Main Desk attendant)

Date Received: _____