

# Franklin-Grove City YMCA

## Authorization for Cancellation of Automatic Monthly Deduction

Member Name (Last, First, M.I.): \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: (Please list any previous addresses you've had during your membership)

\_\_\_\_\_

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

Membership Type: \_\_\_\_\_

Reason for Terminating Membership: \_\_\_\_\_

**Health Issues:** If your request is due to health issues, we may be able to put your membership on temporary hold. Would you like us to contact you regarding this option? Yes / No

**Financial Hardship:** If your request is financially related, we have a scholarship program that could help out with your membership. Would you like us to contact you regarding this option? Yes / No

**Please Note:** All cancellation requests must be presented 30 days prior to your final draft. My signature authorizes termination of my membership as required by my original membership agreement. I am aware that my membership will expire 30 days after my last draft date.

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

Staff Initials/Date: \_\_\_\_\_

Thank you for your membership, we've enjoyed having you and hope you return soon!

\_\_\_\_\_

### Office Use Only

Membership Type: \_\_\_\_\_

Draft Amount: \_\_\_\_\_

Last Draft Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_ Staff Initials: \_\_\_\_\_