



## Cancellation Request

Date \_\_\_\_\_

Member Name \_\_\_\_\_

Member #2 Name \_\_\_\_\_

Member #3 Name \_\_\_\_\_

Member #4 Name \_\_\_\_\_

Member #5 Name \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Enrolled in Insurance Reimbursement: Yes No

If yes, select one of the following:

\_\_\_\_\_ Discontinue insurance reimbursement on last date of fitness membership.

\_\_\_\_\_ Discontinue insurance reimbursement on \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

--- For City Use ---

Cancellation Request Accepted By \_\_\_\_\_ Date \_\_\_\_\_

Facility Commander processed by \_\_\_\_\_ Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Utility Billing (Direct Pay) processed by \_\_\_\_\_ Date \_\_\_\_\_

Remove DP \_\_\_\_\_ Status Inactive \_\_\_\_\_ Update Service \_\_\_\_\_

Insurance Reimbursement processed by \_\_\_\_\_ Date \_\_\_\_\_