

Recreation and Fitness Center Cancellation Agreement



MAIN MEMBER'S INFORMATION

Last Name: _____ First Name: _____

Email Address: _____ Phone [H W C]: _____

Membership/JSU Banner ID #: _____

I currently have a locker rental.

Pay via Payroll Deduction

ADDITIONAL MEMBER INFORMATION

Please list any additional members on your account that you wish to cancel.

I am only cancelling the members listed below.

Member ID	Name	Membership	Locker
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

CANCELLATION REASON

Leaving JSU

Lack of Use

Medical Concern

Other Gym

Other/Comments:

ACKNOWLEDGEMENTS

Please initial:

_____ I understand that the cancellation form must be submitted in writing to University Recreation by the 15th of the month in which I wish to cancel.

_____ I understand that if the cancellation form is submitted after the deadline I will be billed for the following month and my membership will end at the end of that month.

_____ I understand my cancellation will not be processed unless I have a zero balance on my account.

_____ I understand that if I am the primary member, if I cancel my membership, my household member's memberships will end as well.

_____ I understand my locker must be cleaned out prior to my membership expiration date.

_____ *Payroll Deduction Only* – I understand due to payroll processing that my deductions may not end immediately.

Signature _____

Date _____

Member Service Staff Use Only

Form Received by: _____ Form Received on: _____

Cancellation Fee Assessed: *Y or N* Processed by/on: _____