



CANCELLATION NOTICE

****PAYROLL DEDUCTION STOP (if applicable)***

Name: _____ Email: _____

Membership Category: _____ Member # _____ Locker Rental: _____

*OUHSC Employee HR #: _____ Misc. Notes: _____

Additional members on account: _____
 (If also cancelling)

Today's Date: ____/____/____

Date Effective: ____/____/____

*Paycheck End Date: ____/____/____
 (if applicable for PAYROLL DEDUCTION)

Balance on Account: _____
 Remaining Payment due: _____
 Additional amounts owed: _____
 TOTAL: _____
 Form of final Payment: _____
 Staff Initial: _____

I understand that by signing this Notice, I am cancelling my membership account at the University Health Club, and I am responsible for dues for the current month. For example, cancelling on the 5th day of May, payment of the membership fee for May is required. I also understand that I am responsible for any unpaid charges and fees including monthly membership fees. I agree to pay the balance due at this time in order to finalize my membership cancellation on the stated day effective. I may continue to use the University Health Club up to the date effective. If I choose to rejoin the University Health Club, within the next thirty (30) days, I may do so with no application fee.

****PAYROLL DEDUCTION STOP TERMS (if applicable)***

OUHSC persons are required to stop payroll deduct if he/she intends to cancel or change membership status. If OUHSC persons wish to pay for his/her membership by other means than payroll deduction, only fill out the payroll deduction stop section of this form. The payroll deduction stop form does not serve as a cancellation. The cancellation notice section above must be filled out if the member's intent is to terminate his/her account. By signing below, I wish to stop payment for my University Health Club membership fees through payroll deduction.

Signature: _____ Date: ____/____/____

Staff Signature: _____ Date: ____/____/____