Electronic Fund Transfer
Stop / Reduce Authorization

Name: ___________________________ ID #: ___________________________

Email Address: ___________________________ Member Phone #: ___________________________

Spouse/Partner Name: ___________________________ ID #: ___________________________

Email Address: ___________________________ Member Phone #: ___________________________

I ___________________________ hereby request the following monthly deduction to be REDUCED / STOPPED:

- Faculty/Staff - $24.00 month each
  - Spouse/Partner - $24.00/month
- Emeriti - $24.00/month each
  - Spouse/Partner - $24.00/month
- Alumni - $29.00/month
  - Spouse/Partner - $29.00/month
- Lockers
  - 1/2 Tier - $5.45/month each
  - 1/3 Tier - $3.75/month each

Cancellation Terms
(as stated in the original membership authorization)

All Faculty/Staff/Alumni EFT memberships will continue to be billed for a minimum of six (6) months from the original starting date. If the initial six (6) month commitment has not been met, I understand that I will continue to be billed until the commitment has been fulfilled.

Initial __________________

Member must give thirty (30) days’ notice in writing to cancel membership after initial membership period has passed. The final payment will be pro-rated based on cancellation date. Membership will remain active for thirty (30) days once written cancellation notice has been submitted.

Initial __________________

Example:
Cancellation request submitted March 26th. A pro-rated payment will be collected on the next scheduled payment date of April 15th and membership will remain active until April 25th.

Member Signature: ___________________________ Date: ___________________________

Service Attendant: ________________
Date: ___________________________
New Member Form/Waiver attached?
- Y  - N
White - Accountant
Yellow – Member copy

Office Use Only
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