



Request to cancel EFT membership payments

ONLY those who have met the terms of their contract will be approved for cancellation.

Today's Date: _____

Cashier Signature _____

Name on EFT contract: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Membership Type : Family Adult Couple Adult Single Senior Couple Senior Single Other

Date of 1st EFT payment: ____/____/____ Current monthly payments: \$ _____

Type of withdrawal: Credit Card Bank

Requested date of final EFT withdrawal: ____/____/____

Requests will only be approved if terms of EFT contract have been met.

I understand that all EFT cancellation requests must be turned in at least 15 business days prior to the last payment date being requested, as stated in my contract. Requests turned in later than 15 business days prior to requested end date are subject to deferment.

Signature

Date

Staff Use Only

Date request was reviewed: _____

Request Decision: APPROVED DENIED

Date out of Modpay _____

Reason for decision: _____

Request reviewed upon and ruled by:

NAME: _____ TITLE: _____