



# 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 1<sup>st</sup> EFT payment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current monthly payments: \$\_\_\_\_\_

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 12 business days prior to the last payment date being requested, as stated in my contract. Requests turned in later than 12 business days prior to requested end date are subject to denial.*

\_\_\_\_\_  
*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: \_\_\_\_\_