PAYROLL DEDUCTION CANCELLATION

Please cancel my membership due to (check one)

_____ Joined another athletic facility

**If yes, which one?*_____

_____ Office moving off-site

_____ Moving (from Rochester)

_____ No longer working for UR

_____ Medical reasons

_____ Lack of use

_____ Other _____

I understand that this cancellation request may take up to 3 weeks for BWH and SMO employees, and up to 5 weeks for Monthly employees. I understand that I can use the Fitness & Wellness Center until my portion of paid membership has expired. I undertstand that refunds are not available for any unused portion.

Name (print) _____

Signature _____

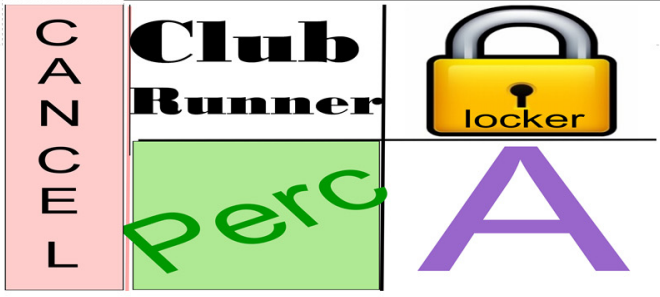
EMPL # _____

I am paid _____ Bi-weekly

_____ Semi-monthly

_____ Monthly

To be completed by office staff

Received by _____

Date _____