

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 Center until my portion of paid membership has expired. I understand 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 _____