

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 _____