



Payroll Termination

Please cancel my membership due to (check one)

- Joined another gym _____
- Office moving off-site
- Moving from Rochester
- No longer at UR
- Medical Reasons
- Lack of use
- Other _____

I understand that this cancellation request must be received at least 10 days prior to my next paycheck in order to affect changes in that check. I understand that refunds are not available for any unused portion of my membership.

Name _____

EMPL ID (6 digit) _____

Signature _____

Date _____