



Edward M. Armfield Civic & Recreation Center, Inc

Bank Draft Cancellation Form

Name(s) of Member(s) to be cancelled:

Name of Member(s) not to be cancelled:

For Office Use Only

Secure Perfect Deletion	_____
Bank Draft Deletion	_____
QuickBooks Deletion	_____
Key Tags Returned	_____
Last Draft Date	_____

Notes

Reason for Cancellation

- | | |
|---|---|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Going to School |
| <input type="checkbox"/> Health / Medical Reason | <input type="checkbox"/> Job Change |
| <input type="checkbox"/> Transfer to another Health Center | <input type="checkbox"/> Not using Center |
| <input type="checkbox"/> Financial Concerns (Financial assistance is available in many cases) | |
| <input type="checkbox"/> Dissatisfied (Please Explain) _____ | |
| <input type="checkbox"/> Other (Please Explain) _____ | |

I acknowledge that I was told that upon cancellation of my account it will require 30 days to activate this cancellation and **there will be ONE additional draft on my account, if the cancellation occurred after the fifth working day of the previous month.** It is the member's responsibility to check their bank records to make sure that the draft has been nullified. I understand that if I stop payment on the remaining draft, I will be assessed the service charges incurred by the Edward M. Armfield, Sr. Civic & Recreation Center. I further understand that I must return my key tag and that I will receive a temporary pass for the remaining time I have paid for or will be paying for. **If I decide to rejoin this facility, there will be a re-activation fee for this account.**

Signature: _____ Date: _____

Address: _____

This membership is good through (date): _____ Staff Signature: _____