

Healthy Dent County

Fitness Center

AUTOPAY CANCELLATION

Written request for termination must be done at least 30 days prior to the draft date. Please cancel my automatic payments as of _____.

I understand there will be **NO REFUND** of any unused portion of my membership.

I UNDERSTAND BY AUTHORIZING CANCELLATION OF MY AUTOPAY, THE NEW RATE SCHEDULE (effective February 1, 2020) WILL APPLY UPON MY RETURN.

(Cancellation Signature)

(Date)

Council For A

HEALTHY

DENT COUNTY

Where Health, Education and Community Meet