



## Payroll Deduction Cancellation Form

Member Name	Member Number/Banner ID	
Home Address	City	State
Home Telephone	Zip	
Department	Department Phone	
Faculty/Staff	Faculty/Staff/Spouse	

## Authorization of Membership Cancellation

I hereby authorize Campus Recreation and Wellness to cancel :  
my membership and/or spouse's membership

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment information for Cancellation Fee

Name for payroll deduction (if different than above)

\$ \_\_\_\_\_ Cancellation Fee      Cash      Credit      Check

## Authorization for Continuance of Additional Payroll Deduction

I hereby authorize Campus Recreation and Wellness to continue monthly payroll deductions in the amount of \$\_\_\_\_\_ for an additional member under my sponsorship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Reason for Cancellation

- |                              |                             |                          |
|------------------------------|-----------------------------|--------------------------|
| Lack of time to use facility | No family plan              | Membership too expensive |
| Moving out of the area       | Don't offer wanted services |                          |
| Other (Please Explain)       |                             |                          |