



Change/Cancellation Form

Date: _____ Staff Initials: _____ Received: In Person Phone Email

Member Name: _____

Member ID: _____ Current Type: 3MON FAM IND SEN COLL YOUTH SPF HW

Other Members Sharing Membership:

Address Change:

Change to: _____

Bank Change:

Amount Change: From _____ To _____

New Routing Number: _____

New Account Number: _____

Membership Type Change: Change to FAMILY IND SEN COLL YOUTH SPF HW

Add/Delete these Members: _____

Needs Card

Never Received Card Replacement Card (\$10 fee prior to processing)

Received notice in error: (disagrees with renewal notice/EFT notice, etc)

Explain: _____

Cancellation Request: Prepaid Monthly Bank Transfer

Expire date: _____ (members cancelling before expire date will need approval from Executive Director per contract)

Requested date of cancellation: _____

Reason for cancellation: _____

Member Signature: _____ Date: _____

Member should sign all requests unless received by email or telephone.

BUSINESS OFFICE USE ONLY

Filemaker: Card DB: Ceres: Refund:

Approval: _____ Date: _____