

Changes & Cancellation Request Form



MEMBER INFORMATION

PLEASE UPDATE MY MEMBER INFORMATION

Please complete top portion, and fill out appropriate section for your change/cancellation request.

PRIMARY MEMBER

NAME (FIRST, MIDDLE, LAST) _____

FORMER NAME ON KROC MEMBERSHIP (IF APPLICABLE) _____

CELL _____ WORK PHONE _____ EMAIL _____

BIRTHDATE _____ MALE FEMALE _____ MEMBERSHIP CARD # _____

HOUSEHOLD INFORMATION: ADDRESS

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

INFORMATION

I WOULD LIKE TO UPDATE MY EMERGENCY CONTACT/PICK UP AUTHORIZATION NOT IN SAME HOUSEHOLD

NAME (FIRST, LAST) _____ EMERGENCY PICK UP AUTHORIZATION

CELL PHONE _____ RELATIONSHIP TO MEMBER _____

I WOULD LIKE TO SUSPEND MY PAYMENTS

Written request of a suspension must be received by the **10th of the current month** in order to become effective in the following month.

Please select your type of suspension plan:

MEDICAL EMERGENCY (6 MONTH MAXIMUM FOR MEDICAL SUSPENSIONS)
Doctor's note required. Please attach to form.

SUSPENSION PLUS SENIOR/YOUTH \$12/MONTH ADULT \$12/MONTH FAMILY \$20/MONTH

Suspension Plus takes effect on the first day after your current Membership Plan expires. The first month's fees are collected in advance. The monthly fees will continue to be collected via auto-pay, on or about the 19th of every month until a request to Cancel or Change the Suspension Plus fee is received. Suspension fees are non-refundable.

I WOULD LIKE TO UNSUSPEND MY PAYMENTS

YES, ALL OF MY CONTACT AND PAYMENT INFORMATION ON FILE IS CORRECT NO, PLEASE USE UPDATED INFORMATION ON THIS FORM

I WOULD LIKE TO CHANGE MY MEMBERSHIP TYPE OR ADD/REMOVE MEMBER(S) ON MY ACCOUNT

Membership downgrades and removal/addition of family members are subject to a **\$10 change fee.**

PLEASE SELECT YOUR CURRENT MEMBERSHIP TYPE(S):

ADULT SENIOR YOUTH SILVER&FIT® FULL SILVER
 FAMILY I (UP TO 5 MEMBERS) FAMILY II (6+ MEMBERS) STAFF SCHOLARSHIP GOLD
 FAMILY GOLD PLUS (UP TO 5 MEMBERS) FAMILY GOLD PLUS (6+ MEMBERS)

PLEASE SELECT YOUR NEW MEMBERSHIP TYPE(S):

ADULT SENIOR YOUTH SILVER&FIT® FULL SILVER
 FAMILY I (UP TO 5 MEMBERS) FAMILY II (6+ MEMBERS) STAFF SCHOLARSHIP GOLD
 FAMILY GOLD PLUS CARE (UP TO 5 MEMBERS) FAMILY GOLD PLUS (6+ MEMBERS)

I WOULD LIKE TO ADD/REMOVE THE FOLLOWING INDIVIDUAL(S) TO MY FAMILY MEMBERSHIP: ALL MEMBERS MUST RESIDE IN THE SAME HOUSEHOLD MAX 2 ADULTS (19+) ON FAMILY MEMBERSHIPS. PLEASE PROVIDE PHONE NUMBER FOR AGES 18+

NAME (FIRST, MIDDLE, LAST) _____ ADD REMOVE PHONE _____

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY MEMBER _____ MALE FEMALE MEMBER # _____

NAME (FIRST, MIDDLE, LAST) _____ ADD REMOVE PHONE _____

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY MEMBER _____ MALE FEMALE MEMBER # _____

NAME (FIRST, MIDDLE, LAST) _____ ADD REMOVE PHONE _____

BIRTHDATE (MM/DD/YY) _____ RELATIONSHIP TO PRIMARY MEMBER _____ MALE FEMALE MEMBER # _____

PLEASE PROCEED TO SIDE 2.

FOR OFFICE USE ONLY: CHANGE REQUEST PAYMENT SUSPENSION/UNSUSPENSION BANK CHANGE REQUEST CANCELLATION

ENTERED BY _____ DATE _____

NOTES: _____

I WOULD LIKE TO CHANGE MY BANKING INFORMATION

To change to a new bank account or credit card, a new Authorization Agreement for direct payments must be completed and signed. By updating your banking information all future automatic monthly deductions associated with your account including membership, auto payments for classes/programs and donations will be updated.

OPT 1: AUTOMATIC MONTHLY ON VISA/MC/AMEX/DISCOVER

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days).

NAME (AS IT APPEARS ON CARD)

LAST 4 DIGITS ON CARD

CARD EXPIRATION DATE

SIGNATURE

DATE

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the provided bank account at my financial institution. I understand that all debits from my bank account will be conducted around the 20th of the current month for the next month. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days). Returned EFTs will incur a \$20.00 fee.

NAME OF BANK ACCOUNT HOLDER

BANK NAME

ACCOUNT #

TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK)

SIGNATURE

DATE

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

I AM REQUESTING TO CANCEL MY AUTOMATIC MONTHLY PAYMENTS

MEMBERSHIP DONATIONS

I am the signer of the Authorization Agreement for Automatic Payments. I understand I must submit a written request to cancel a membership and to discontinue the corresponding debit entry/entries to my (our) payment account on record with The Salvation Army Kroc Center accounting department by the **10th of the current month** in order to become effective in the following month. If I elect to reopen my membership(s), the appropriate registration fee will apply.

NAME OF BANK ACCOUNT HOLDER

LIST OF ALL MEMBER(S) TO BE CANCELLED:

REASON FOR CANCELLING:

FEES TOO HIGH MEDICAL NO TIME FACILITY TOO CROWDED DISSATISFIED WITH STAFF MOVED

OTHER

FACILITIES INADEQUATE: YES NO PROGRAMS INADEQUATE: YES NO JOINED ANOTHER FACILITY: (WHICH)

DO YOU KNOW ABOUT OUR FINANCIAL ASSISTANCE SCHOLARSHIP PROGRAM? YES NO

WOULD YOU LIKE SOMEONE TO CONTACT YOU ABOUT SCHOLARSHIPS? YES NO

DID YOU FIND OUR STAFF HELPFUL AND KNOWLEDGEABLE? ALWAYS SOMETIMES RARELY

DO YOU HAVE COMMENTS OR SUGGESTIONS THAT MIGHT HELP US TO SERVE YOU BETTER?

This form serves as an addendum to the original Membership Form. The original Terms of Membership apply to all members, including any members added on this Membership Changes & Cancellation Request Form. By signing this form, I agree that I have read and understand The Salvation Army Kroc Center's Terms of Membership.

MEMBER SIGNATURE

DATE

CHANGE/CANCELLATION WILL TAKE EFFECT ON:

TODAY'S DATE

MEMBER INITIALS

EMPLOYEE INITIALS

