



Auto-Draft Membership Cancellation Request

Member Name: _____ Street Address: _____

Phone Number: _____ Email Address: _____ @ _____

Withdrawal from Auto-Draft membership plan (Please explain reason for withdrawal):

Light use – schedule conflict

Moving

Medical

Budget

Transfer to Annual

Summer use only

Joined another gym

Other (please specify) _____

If the Frisco Athletic Center receives your cancellation request by the 20th of the month, Auto-Draft will terminate and your card will not be charged again. If the cancellation request is submitted after the 20th, your account will be billed for the following month.

I understand that although not listed on this document, all conditions of the original Auto-Draft agreement I signed still apply.

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

Signature: _____ Date: _____

FOR STAFF USE ONLY

Request received by: _____ Date: _____

Effective date of changes: _____ Changes made in Class by: _____ on _____

(Email the completed withdrawal form to nbecker@friscotexas.gov, or fax it to Nancy Becker at 972-292-6601.)