



The Centre

1800 West US-223, Adrian, MI 49221
(517) 263-6232 • www.thecentre.info

Office Use Only

Member No. _____
Proofed by _____

Membership Cancellation and Stop EFT Form

PERSONAL INFORMATION

Please circle: Mr. Mrs. Ms. Miss

Last Name First Name Middle Initial Membership #

Street Address (Add PO BOX if applicable) Home Phone

City State Zip

I want to cancel my Membership.

REASON FOR CANCELLATION

STOP – EFT

This form must be completed, signed, and returned no later than 30 days prior to the date of transfer.

Please check the appropriate box if you wish to cancel or adjust your monthly EFT.

- I want to stop all automatic withdrawals from my bank account.
- I want to stop the automatic withdrawal from my bank account for my Kid's Care payment only.
- I want to stop the automatic withdrawal from my bank account for my Locker Rental payment only.

I acknowledge that The Centre will retain \$100 as a Cancellation Fee if my membership has been active less than 12 months. See *Authorization for EFT Membership Payment* form under EFT Policies & Fees.

Signature Date

Important: To set up a new EFT account you must fill out and return an *Authorization for EFT Membership Payment Form* accompanied by a voided check, or personalized deposit slip, providing new account information. A minimum of 30 days lead time is required to process your new account. See the Information Desk for more details.

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Amount Paid: _____ Amount of Refund: _____

- Set Exp Date
- Set Inactive
- Rep Deleted
- EFT Deactivated

Staff Signature: _____ Date: _____

Notes: