



Cancellation Request Form

To be completed by Billing Contact

As per my Membership Agreement Authorization, I understand I am responsible for one final payment on the next scheduled date. The agreement will terminate four (4) weeks from that last scheduled payment date. In addition, I understand that my children will continue to attend classes and Free Plays as well as complete any remaining make-ups through that time.

I, _____, request the discontinuance of my recurring billing for the following student(s):

Student(s): _____

Reason for Cancellation: _____

Signature: _____ Date: _____

Information below to be completed by My Gym representative and reviewed with client

Submitted on: ____ / ____ /20 Last Payment: ____ / ____ /20

Contract Expiration: ____ / ____ /20 (28 days from the last payment)

Accepted by: _____ Processed by: _____ Date: ____ / ____ /20



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