

Cancellation, Freeze, & Medical Hold Request Form



PRIMARY MEMBER INFORMATION Please complete this section, then fill out the appropriate section for your cancellation, freeze, or hold.

NAME (FIRST, MIDDLE, LAST)

DATE

BIRTHDAY

MEMBERSHIP CARD #

PHONE

I AM REQUESTING TO CANCEL MY AUTOMATIC MONTHLY PAYMENTS

☐ MEMBERSHIP ☐ HYDROMASSAGE ☐ PLAY CARE ☐ FREEZE

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 **20th 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 PERSON MAKING PAYMENTS

LIST OF ALL MEMBER(S) TO BE CANCELLED

REASON FOR CANCELLING:

☐ FEES TOO HIGH ☐ MEDICAL REASONS ☐ NO TIME ☐ FACILITY TOO CROWDED ☐ INVOLUNTARY CANCELLATION
☐ MOVING OUT OF THE AREA ☐ PARTIAL FACILITY CLOSURE ☐ OTHER

I WOULD LIKE TO FREEZE MY PAYMENTS FOR A MEDICAL HOLD

Written request of suspension must be received by the **20th of the current month** in order to be effective in the following month.

START DATE: _____ END DATE: _____

A doctor's note is required.

I understand that Medical Holds have a 6 month maximum and that my autopay will resume on _____

I WOULD LIKE TO FREEZE MY MEMBERSHIP FOR A FEE

Written request of suspension must be received by the **20th of the current month** in order to be effective in the following month.

START DATE: _____ END DATE: _____

☐ INDIVIDUAL \$12/MONTH ☐ HOUSEHOLD \$20/MONTH

I understand that Suspension Plus takes effect on the first day after my current Membership Plan expires. The first month's fees are collected in advance. The monthly fees will continue to be collected via autopay, on or about the 1st of every month until a request to cancel or change the Suspension Plus fee is received. Suspension fees are non-refundable.

MEMBER INITIALS _____

REASON FOR FREEZE _____

I authorize the card on file ending in _____ may be used to complete this freeze.

CHANGE/CANCELLATION WILL TAKE EFFECT ON: _____

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

I AM REQUESTING TO RESCIND MY CANCELLATION REQUEST

☐ MEMBERSHIP (PLEASE INITIAL MEMBERSHIP POLICIES)

☐ DONATIONS

☐ PLAY CARE

☐ FREEZE

1.

I understand that membership changes must be submitted in writing by the 20th of the month to be effective for the following auto payment.
2.

I understand that membership fees and dues are non-refundable.
3.

I understand that my first automatic payment is on the first of the month.
4.

I understand that all adults are allowed to make changes to the membership plan.
5.

I understand that the HydroMassage Beds are an additional cost and must be added as an auto payment add-on to my membership. I understand that this is not automatically on my plan, and I must confirm with The Kroc front desk to sign up. I understand that with payment, I can use the HydroMassage Beds for one session per day.

I authorize the card on file ending in ____ ____ ____ ____ may be used to restart my membership/donation.

MEMBER SIGNATURE

DATE

FOR FRONT DESK STAFF USE ONLY:

RECEIVED BY

DATE

FOR OFFICE USE ONLY:

RECEIVED BY

DATE

NOTES: