

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

EMERGENCY 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 #

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:
ENTERED BY

CHANGE REQUEST

PAYMENT SUSPENSION/UNSUSPENSION

BANK CHANGE REQUEST

CANCELLATION

DATE

NOTES:

I AM REQUESTING TO RESCIND MY CANCELLATION REQUEST

MEMBERSHIP DONATIONS

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.

1. Membership cancellations or changes to automatic payment must be submitted in writing by the 10th of the month to be effective for the following auto payment.
2. Membership fees and dues are non-refundable.
3. I understand my first automatic payment is on: _____
4. The secondary adult is allowed to make changes to our membership plan.

MEMBER INITIALS: _____

MEMBER INITIALS: _____

MEMBER INITIALS: _____

MEMBER INITIALS: _____

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 _____

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 _____



RAY & JOAN
KROC CENTER
COEUR D'ALENE, ID