

PRIMARY MEMBER INFORMATION (PLEASE PRINT)

Primary Member Name:
Member Number:

MEMBER(S) CANCELING SERVICE(S), LOCKER RENTAL(S) and/or PARKING CARD(S) (If other than Primary Member)

Member Name:
Member Number:

Member Name:
Member Number:

PLEASE PLACE A CHECK MARK NEXT TO THE DEBIT YOU WISH TO CANCEL

- Parking Card Parking Card Number(s) _____
- Locker Rental Locker Number _____
- Masters Swim Program
- Other _____

PLEASE READ AND SIGN

I understand that this form must be returned a full calendar month in advance. I understand that payment will still be taken from my account and the cancelation will not be in effect until the last calendar day of the following month. I understand that Services, Locker Rentals and Parking Cards are nonrefundable and nontransferable.

Account Holder's Signature

Date

If you have any questions regarding the termination of your Service, Locker Rental and/or Parking Card bank debit authorization, please call Member Services at 612-215-4333.

MEMBERSHIP STAFF USE ONLY

Debit will end on: _____ / _____ / _____ i.e. cancelation request submitted 10/14/18, will have debit on the fifth (5th) business day in November and will expire on 11/30/18.

Debit cancelation received by:

Staff Signature

Staff Name (please print):