

## **Electronic Fund Transfer Cancellation**

Primary Member Name:		
I hereby request that my monthly electronic fund trans MUW Campus Recreation membership ended. I Recreation must receive my written request to cancel than 5 business days prior to the next scheduled drafurther understand that cancellation of my members commitment will incur a \$75 fee and that payment check, or credit/debit card to the Campus Recreation cancellation will be processed.	understand that MU my electronic fund tran ft if I do not wish to be ship before I have met of this fee must be ma	of Campus sfer no later e charged. If my annual and by cash,
The reason for the cancellation of my electronic fund tran	sfer is due to:	
Signature	Date: _	
DFFICE USE ONLY staff Member:	Member Number:	
Date Received: Date Cancelled:	Date of Last Draft:	
Method of Payment for Cancellation Fee: ☐ No Fee ☐ Cash	□ Check #	☐ Credit/Debit