

GE Fitness Center

Cancellation/Change Request

SSO # _____
Last Name _____ First Name _____ Middle Initial _____
Address _____ Phone# _____
City _____ State _____ Zip _____ e-mail _____

Complete information if any changes below involve an additional member:

Last Name _____	First Name _____
Last Name _____	First Name _____
Last Name _____	First Name _____
Last Name _____	First Name _____
Last Name _____	First Name _____

Please allow up to 30 days for payroll changes to take effect. It is the employee's responsibility to check his/her paystub to ensure that the requested changes are made. Please notify the Fitness Center at 243-9404 if changes are not made within 30 days.

Employee's initials _____

Membership Change:

I WISH TO CHANGE MY TYPE OR METHOD OF PAYMENT:

From :

- Single payroll deduction
- # _____ Payroll Deductions
- Single Cash Payer
- Double Cash Payer

To :

- Cash payer
- # _____ Payroll Deductions
- Double Cash Payer
- Single Cash Payer

Membership Cancellation:

I wish to CANCEL payment to the fitness center. Employee Spouse Dependent

My payment method is: Payroll Cash

Reason(s) for cancelling: _____

Name / Address Change

Previous Last Name _____ First Name _____
New Last Name _____ First Name _____
New Address _____ City _____
State _____ Zip Code _____ Phone # _____ - _____ - _____

Authorization: I hereby authorize the changes or cancellation(s) indicated above.	
_____	_____
<i>Signature of Employee (or person responsible for payments)</i>	<i>Date</i>

OFFICE USE ONLY:			
Date Received	____/____/____	Initials	_____
Processing Date	____/____/____	Initials	_____