

PAYROLL DEDUCTION CANCELLATION

Please cancel my membership due to
(check one)

- Joined another fitness center
- Office moving off-site
- Moving (from Rochester)
- No longer working for UR
- Medical reasons
- Lack of use
- Other _____

I understand that this cancellation request may take up to 3 weeks for BWH and SMO employees, and up to 1 month for Monthly employees. I understand that I can use the Fitness & Wellness Center until my portion of paid membership has expired. I understand that refunds are not available for any unused portion.



Name (print) _____

Signature _____

EMPL _____

I am paid Bi-weekly
 Semi-monthly
 Monthly

To be completed by office staff

Received by _____

Date _____