

MEMBERSHIP / PRE-AUTHORIZED CREDIT CARD CANCELLATION FORM

1. CUSTOMER INFORMATION *(Please print clearly)*

LAST Name: _____	FIRST Name: _____
Mailing Address: _____	Postal Code: _____
City/Town: _____	
Email: _____	
Primary Contact Number: _____	

2. MEMBERSHIP INFORMATION

Membership Number: _____

Please fill out all members that are listed on the membership.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

3. CANCELLATION REQUEST

I wish to: *(select all that apply)*

Cancel my membership during an active term (and my pre-authorized payment plan/renewal if applicable)
Reason for cancellation: _____

Cancel my pre-authorized payment plan BUT keep my current membership active (and will pay any outstanding amounts remaining on the membership)
Reason for cancellation: _____

Cancel my automatic renewal BUT keep my current membership active
Reason for cancellation: _____

4. CANCELLATION TERMS

- I understand that if I have cancelled my membership during an active term, I am subject to a \$25 cancellation fee. I will receive the pro-rated monthly amount remaining on my membership. I must submit this form before the next month of my membership. If I provide this form after that time, my membership will remain active for an additional month and there will be no refunds for unused portions of a month.
- I understand that if I have cancelled my pre-authorized payment plan, I must submit this form at least 3 business days' prior to the payment's due date of my membership fee. If I have **not** provided 3 business days' notice, payment may be taken for another month thereby extending my membership for another month, which is non-refundable.
- I understand that if I have cancelled my pre-authorized payment plan BUT have not cancelled my membership, any outstanding amounts now become due and payable.
- I have advised all members on my account regarding the cancellation of our membership.

Signature of Customer: _____	Signature of Card Holder (if different from Customer): _____
X _____	X _____
Name: <i>(Please print)</i> _____	Name: <i>(Please print)</i> _____
Date: _____	Date: _____

You can drop off this cancellation form at the Bold Center and/or Portage Pool, email it to chantelle.turgeon@lclabichedcounty.com or mail it to: Bold Center PO Box 1679 Lac La Biche, AB T0A 2C0

Any personal information submitted in this cancellation form is collected for the purpose of cancelling memberships and pre-authorized payment programs under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. Should you have any questions regarding the collection, use and disclosure of information submitted in this application, please contact the Manager, Legislative Services for Lac La Biche County at 780-623-1747.