ACH Payment Cancellation Request

Name:_____ DOB:_____

I hereby request that the ACH automatic payment processing for my gym membership be cancelled.

Cancellation of ACH payment processing requires thirty (30) days' advance notice prior to the 20th day of the month (ACH processing day) per the executed ACH agreement. If this request is received after the 20th day of the month, ACH will be stopped the following month. By signing this request, I understand that, once ACH payment processing has been cancelled, my gym membership will be terminated and I will no longer have access to the gym. Additionally, I understand that no refunds will be issued.

Signature:_____ Date:_____