

Today's Date: _____

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (W): _____ Phone (H): _____

Ohio State E-mail: _____ Other e-mail: _____

Reason for cancellation: _____

Would you like to cancel family members? Yes No

If yes, names: _____

Ohio State employee payroll schedule: Bi-weekly Monthly

Notes: _____

Note:

1. A written cancellation notice is required 30 or more days prior to actual cancellation date with the following month serving as the last month to be charged.
2. If family members wish to continue the membership, one family member will become the prime member and will be charged accordingly
3. A \$40.00 processing fee is applied for early cancellation within first 12 months of membership.

Please indicate payment method:

- Credit Card** (circle one)
VISA Mastercard Discover American Express
CC # _____
Expiration Date: _____
- Check Enclosed**

Member Signature: _____ Date: _____

Staff: _____ Date: _____

Please fax this form to 614-292-4105, deliver to the RPAC Welcome Center, or email carpenter.376@osu.edu.

For office use only:

Rec Sports Staff: _____ Date: _____

Actions: _____

Cancellation payment processed: Yes No