

MEMBERSHIP CANCELLATION FORM

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Ohio State Email: _____ Member/Staff ID: _____

Other Email: _____

**Confirmation of cancellation will be emailed to address provided. if you do not receive confirmation within a week please contact Jaime Wallace at 614-688-2363.*

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 processing fee is applied for early cancellation within first 12 months of membership.

Member Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

**Please fax this form to 614-688-1350 or deliver to the RPAC Welcome Center.*

Please indicate payment method (check one):

- Check Enclosed
- Credit Card: Visa Master Card Discover American Express

CC# _____ Expiration Date: _____

**Please do not email credit card information.*

For office use only

Rec Sports Staff: _____

Date: _____

Cancellation payment processed:

- Yes No

If no, why? _____

Revised 4/23

