

PTO Membership Cancellation

Name: _____ Date: _____ Locker #: _____

Phone #: _____

A. I'm cancelling a **Payroll Deduction** Membership (complete Section A and C): _____

B. I'm cancelling a **Paid-In-Full** Membership (complete Section B and C): _____

Section A.

Please initial to indicate that you've read and understand that your payroll will be processed immediately; however, there will be a two to three bi-week delay in payroll: _____

Section B.

Please initial to indicate that you've read and understand that you will receive a pro-rated refund less 10% of the remaining balance. Monies will be pro-rated by the bi-week. The \$35 initiation fee paid at sign-up is non-refundable and will not be included in the pro-rated refund: _____

Payable to: Name _____
Address _____
City, State, Zip _____

Section C.

Reason for Cancellation:

If you wish to obtain membership in the future, you will be required to pay the enrollment fee. Barcode must be removed from badge and handed to desk attendant.

Signing this form indicates that you fully understand the above statements.

Signature

Date

Office Use Only

() Barcode removed

() Removed from locker list

Start date if applicable: _____

Reimbursement amount: _____

Patent and Trademark Office
Fitness Center
Membership CANCELLATION FORM

Section 1: Employee Information

Name:	SSN:
Work Address:	Work Phone:
Signature:	Date:

Section 2: Payment Information (Agency Rep Use)

Cancellation of membership	Monthly Deduction Amount Fee \$25.66 (\$12.83, 2x a month)	Effective Date	Stop pay period
Account Number 0000922153	Type Account Checking	Routing Number 256078433	

Section 3: Payroll Use Only

Date Received (Stamp)	Date Processed _____ Stop pay period _____	OHR Signature
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