



PTO FITNESS CENTER MEMBERSHIP CANCELLATION REQUEST

Personal Information

Full Name: _____ **Phone Number:** _____ **Date:** _____

Email: _____ **Member Number:** _____ **Locker #:** _____

Please Select A or B:

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.

The member must review his or her payroll deduction following cancellation, until deduction ceases. If deduction still continues after two months, the member should contact the Fitness Association. The Board has the discretion to not reimburse the member for any payroll deduction that occurs more than three months after cancellation, unless the member has notified the Board of continued deduction within three months of cancellation.

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 week 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 initial \$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 Code: _____

Section C.

Reason for Cancellation: **Hoteling:** _____ **Relocation:** _____ **Other Gym:** _____

Telework: _____ **Not Using:** _____ **Medical:** _____

Other: _____

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.

By signing this form you indicate 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 & Trademark Office
Fitness Center
Payroll Deduction Form
FAPTO Cancellation Form**

SECTION 1: Employee Information

Full Name:	Last 4 Digits of SSN:
Work Address (Building & Room):	Work Phone Extension:
Signature:	Date:

SECTION 2: Payment Information (Agency Rep Use)

Initiation Fee	Monthly Deduction Amount Fee \$25.66 (\$12.83, 2x a month)	Effective Date
Account Number 0000922153	Type Account Checking	Routing Number 256078433

SECTION 3: Payroll Use Only

Date Received (Stamp)	Date Processed _____ Payroll Deduction	OHR Stamp
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