



# PTO FITNESS CENTER MEMBERSHIP CANCELLATION REQUEST

## Personal Information

Full Name (Last, First, Middle): \_\_\_\_\_

Member Number: \_\_\_\_\_ Locker #: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_ Office Extension: \_\_\_\_\_

Please select A, B, or C:

- I am cancelling a **Payroll Deduction** Membership (Complete Sections A and D).
- I am cancelling a **Paid-In-Full** Membership (Complete Sections B and D).
- I am cancelling a **Contractor Monthly CC** Membership (Complete Sections C and D).

## Section A: Payroll Deduction Members

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 not to 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. While cancellation will be processed expeditiously, there will be up to a three bi-week delay for payroll deductions to cease.

Please, initial to indicate that you've read, agree, and understand that there will be up to a three bi-week delay in payroll deductions ending and that you are solely responsible for ensuring that payroll deductions cease after that point: \_\_\_\_\_

\*You may type initials between slashes (e.g. /JD/) if e-signing with PTO PIV.

## Section B: Paid-In-Full Members

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

\*You may type initials between slashes (e.g. /JD/) if e-signing with PTO PIV.

### Payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## Section C: Contractor Monthly CC Members

Please, initial to indicate that you've read, agree, and understand that CC charges are performed on the first of the month, that there will be up to a thirty (30) day delay in CC charges ending, that you are responsible for CC charges through the next thirty (30) days, and that you are solely responsible for ensuring that CC charges cease after that point: \_\_\_\_\_

\*You may type initials between slashes (e.g. /JD/) if e-signing.

## Section D: All Members

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 or certified by you to be destroyed.**

I certify that I have destroyed my barcode to the extent that it cannot be used by anyone.

By signing this form, you indicate that you fully understand and agree with 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, First, Middle):	USPTO Employee Number:
Work Address (Building & Room):	Work Phone Extension:
Signature:	Date:

## Section 2: Payment Information (Agency Rep Use)

\$35 Initiation Fee	Monthly Deduction Amount <b>CANCEL</b>	Effective Date <b>ASAP</b>
Account Number  0000922153	Type Account  Checking	Routing Number  256078433

## Section 3: Payroll Use Only

PTO Fitness Center	Payroll Deduction	OHR Stamp
Staff Initial      Date	Date Processed	