



## Wheat Ridge Recreation Center Month-to-Month Pass Cancellation Form

Please complete and sign this form to stop automatic payments for your month-to-month pass(es). Forms may be turned in at the front desk, emailed to **Katie Waters** at [kwaters@ci.wheatridge.co.us](mailto:kwaters@ci.wheatridge.co.us)

- **Cancellation forms submitted by the 5th of the month:** You will not be billed again and your pass(es) will expire on the 14th of the current month.
- **Cancellation forms submitted the 6th – 15th of the month:** You will be billed once more and your pass(es) will expire on the 14th of the month following your last payment.

PRIMARY PASS MEMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDITIONAL NAMES OF PASS MEMBERS TO CANCEL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CANCEL PASS(ES)

Immediately  Future Date \_\_\_\_\_

REASON FOR CANCELLING

Financial burden  Medical  Moving  Didn't use  Facility too crowded

Joined another facility (which?) \_\_\_\_\_

Dissatisfied (reason) \_\_\_\_\_

Facility inadequate (please explain) \_\_\_\_\_

Program(s) inadequate (please explain) \_\_\_\_\_

Other \_\_\_\_\_

I understand my cancellation request form must be received at least 10 days prior to my next payment date (15th) in order for my automatic withdrawal to cease for the next scheduled billing.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Staff Member \_\_\_\_\_

Your last automatic billing will take place on: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_  Credit Card  Checking Account

Your pass(es) will expire on: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_

Date Processed \_\_\_\_\_ Staff Signature \_\_\_\_\_