



Name: _____
Last Name First Name Middle Initial

UH Employee ID: _____ Email: _____

Account Cancellation Information:

Please check the following accounts to be canceled:

- Member (will cancel all sponsored memberships)
- 1st Person Sponsored Only
- Family Only

Please check one of the following:

- Payroll Deduction
- Recurring Payment

If you are cancelling for sponsored members or family members, please list the names below:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Reason for Cancellation: _____

Effective Date: _____

Termination of payroll deduction will only be processed once a member has submitted a cancellation form.

Cancellation forms must be submitted via email to crmember@uh.edu. A \$100 early cancellation fee will be assessed if I cancel prior to my initial 12 month commitment. After 12 months, I can cancel at anytime and will not be assessed the \$100 cancellation fee.

I authorize University of Houston to terminate my request for payroll deduction to pay my membership fees for the Campus Recreation and Wellness Center. I understand that in doing so, I will lose my privileges as a member to this facility.

Signature: _____ **Date:** _____

STAFF USE ONLY

Staff Member Name: _____ Signature: _____ Date Received: _____

New Deduction Rate: \$ _____