

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

UH Employee ID: \_\_\_\_\_ Email: \_\_\_\_\_

**Account Cancellation Information:**

**Please check the following accounts to be canceled:**

- Employee (Canceling the employee's membership will cancel all sponsored memberships.)
- 1st Person Sponsored
- Family Only

**Please check one of the following:**

- Bi-Weekly Employee
- Monthly Employee

*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](mailto:crmember@uh.edu).** Payroll cancellations are processed by the Payroll Department at the end of each month.

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. Further, I understand that I will continue to be assessed fees until the beginning of the following month.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STAFF USE ONLY**

Staff Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**New Deduction Rate:** \$ \_\_\_\_\_