

Name: _____
Last Name First Name Middle Initial

Email: _____ Phone: _____

Cancellation Information:

Please check the following accounts to be canceled (Select all that apply.):

- Alumni/UH Affiliate (Canceling the account holder's membership will cancel all memberships.)
- 1st Person Sponsored
- Family Only

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 credit card 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.**

I authorize University of Houston to terminate my request for credit card 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: \$ _____