

NOTIFICATION OF BANK DRAFT CANCELLATION

To Stop the Draft Submit by the 10th of the Month

Today's Date _____ Time _____ CSR Initials _____

Member's Name _____ MID # _____

Membership Type/Category _____

Address _____ City _____ St _____ Zip _____

Telephone Number (Day) _____ (Evening) _____

I would like to cancel my bank draft membership effective _____

I have returned all membership cards YES _____ NO _____

If no, please list the names of the members whose cards were not returned:

Reason card(s) were not returned _____

Please let us know why you are cancelling your membership:

Dissatisfied with Facility	03	_____	Hours of Operation	08	_____	No Longer Using Facility	17	_____
Dissatisfied with Programs	04	_____	Loss of Employment	12	_____	Purchased Equipment	20	_____
Drop for Summer/Winter	05	_____	Lost Motivation	13	_____	Relocation	21	_____
Equipment Availability	06	_____	Medical Reasons	14	_____	Switching to another Facility	24	_____
Going Away to School	07	_____	Money Problems	15	_____			

Member's Signature _____

Please retain a copy for your records.

Hanover Area Family YMCA
500 North George Street
Hanover, PA 17331
(717) 632-8211

Littlestown Area Family YMCA
95 Keystone Street
Littlestown, PA 17340
(717) 359-9733

South Hanover YMCA
1013 Baltimore Street
Hanover, PA 17331
(717) 632-0294

For Office Use Only:
Change Made On:
