



# Brookville YMCA Membership Cancellation Form

I, \_\_\_\_\_ would like to have my

\_\_\_\_\_ Bank Draft Membership

\_\_\_\_\_ Credit Card Auto Pay Membership

at the Brookville YMCA cancelled. According to the original agreement signed at the time of purchase, the bank draft or credit card auto pay membership will be stopped **thirty (30) days from this date**. I also understand that I am to surrender my membership card(s) on this date.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Please list additional family members with the membership below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Last date the account will be drafted: \_\_\_\_\_

Service Desk Signature: \_\_\_\_\_