

Membership Changes & Cancellation Request Form



MEMBER INFORMATION

Please complete top portion, and fill out appropriate section for your change/cancellation request.

MY MEMBER INFORMATION HAS CHANGED; PLEASE UPDATE MY RECORD

PRIMARY MEMBER

NAME (FIRST, MIDDLE, LAST)

FORMER NAME ON KROC MEMBERSHIP (IF APPLICABLE)

PRIMARY PHONE

ALT PHONE

EMAIL

BIRTHDATE

MALE FEMALE

MEMBER ID #

I WANT TO RECEIVE EMAILS ABOUT UPCOMING KROC CENTER EVENTS AND PROMOTIONS

HOUSEHOLD INFORMATION: ADDRESS

CITY

STATE

ZIP

HOME PHONE

I WOULD LIKE TO SUSPEND MY PAYMENTS

Written request of a suspension must be received by the **10th of the current month** in order to become effective in the following month.

Please select your type of suspension plan:

LOW FUNDS OUT OF TOWN STUDENT MEDICAL EMERGENCY

Proof of additional residence, student status or medical release is required. Please attach to form.

MEMBER SIGNATURE

DATE

I WOULD LIKE TO UNSUSPEND MY PAYMENTS

YES, ALL OF MY CONTACT AND PAYMENT INFORMATION ON FILE IS CORRECT NO, PLEASE USE THE UPDATED INFORMATION ON THIS FORM

MEMBER SIGNATURE

DATE

I WOULD LIKE TO CHANGE MY MEMBERSHIP TYPE OR ADD/REMOVE MEMBER(S) ON MY ACCOUNT

Membership downgrades and removal of family members are subject to a \$20 change fee.

PLEASE SELECT YOUR CURRENT MEMBERSHIP TYPE(S):

ADULT SENIOR YOUTH
 FAMILY (UP TO 5 MEMBERS) FAMILY (MORE THAN 5 MEMBERS)
 SINGLE PARENT FAMILY (UP TO 5 MEMBERS) SINGLE PARENT FAMILY (MORE THAN 5 MEMBERS)

COMMUNITY PREMIUM

PLEASE SELECT YOUR NEW MEMBERSHIP TYPE(S):

ADULT SENIOR YOUTH
 FAMILY (UP TO 5 MEMBERS) FAMILY (MORE THAN 5 MEMBERS)
 SINGLE PARENT FAMILY (UP TO 5 MEMBERS) SINGLE PARENT FAMILY (MORE THAN 5 MEMBERS)

COMMUNITY PREMIUM

I WOULD LIKE TO ADD/REMOVE THE FOLLOWING INDIVIDUAL(S) TO MY FAMILY MEMBERSHIP:

REASON FOR REMOVAL:

FEES TOO HIGH MEDICAL NO TIME FACILITY TOO CROWDED DISSATISFIED WITH STAFF MOVED OTHER _____

NAME (FIRST, MIDDLE, LAST)

ADD REMOVE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY MEMBER

MALE FEMALE

NAME (FIRST, MIDDLE, LAST)

ADD REMOVE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY MEMBER

MALE FEMALE

NAME (FIRST, MIDDLE, LAST)

ADD REMOVE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY MEMBER

MALE FEMALE

PLEASE PROCEED TO SIDE 2

FOR OFFICE USE ONLY: CHANGE REQUEST PAYMENT SUSPENSION/UNSUSPENSION BANK CHANGE REQUEST CANCELLATION

RECEIVED BY

DATE

NOTES:

ENTERED BY

DATE

○ I WOULD LIKE TO CHANGE MY BANKING INFORMATION

To change to a new bank account or credit card, a new Authorization Agreement for direct payments must be completed and signed.

OPT 1: AUTOMATIC MONTHLY ON VISA/MC/DISCOVER

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues.

Credit card must be brought in and swiped at the Kroc Center Welcome Desk register to start automatic payments.

NAME (AS IT APPEARS ON CARD)

SIGNATURE

DATE

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the provided bank account at my financial institution. I understand that all debits from my bank account will be conducted around the 20th of the current month for the next month. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days).

NAME OF BANK ACCOUNT HOLDER

BANK NAME

ACCOUNT #

TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK)

SIGNATURE

DATE

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

INTERNAL USE:
ATTACH VOIDED CHECK

○ I AM REQUESTING TO CANCEL MY MEMBERSHIP AND AUTOMATIC MONTHLY PAYMENTS

MEMBERSHIP DONATIONS CLASS/PROGRAM

I am the signer of the Authorization Agreement for Automatic Payments. I understand I must submit a written request to cancel a membership and to discontinue the corresponding debit entry/entries to my (our) payment account on record with The Salvation Army Kroc Center accounting department by the **10th of the current month** in order to become effective in the following month. If I elect to reopen my membership(s), the appropriate registration fee will apply.

NAME OF BANK OR CREDIT ACCOUNT HOLDER

LIST OF ALL MEMBER(S) TO BE CANCELLED:

SIGNATURE OF BANK OR CREDIT ACCOUNT HOLDER:

DATE:

REASON FOR CANCELLING:

FEES TOO HIGH MEDICAL NO TIME FACILITY TOO CROWDED DISSATISFIED WITH STAFF MOVED OTHER _____

FACILITIES INADEQUATE: (PLEASE DESCRIBE)

PROGRAMS INADEQUATE: (PLEASE DESCRIBE)

JOINED ANOTHER FACILITY: (WHICH)

DO YOU HAVE ANY CHILDREN CURRENTLY ENROLLED IN KROC CENTER PROGRAMS? YES NO

DO YOU KNOW ABOUT OUR FINANCIAL ASSISTANCE SCHOLARSHIP PROGRAM? YES NO

WOULD YOU LIKE SOMEONE TO CONTACT YOU ABOUT SCHOLARSHIPS? YES NO

DID YOU FIND OUR STAFF HELPFUL AND KNOWLEDGEABLE? ALWAYS SOMETIMES RARELY

DO YOU HAVE COMMENTS OR SUGGESTIONS THAT MIGHT HELP US TO SERVE YOU BETTER?

This form serves as an addendum to the original Membership Form. The original Terms of Membership apply to all members, including any members added on this Membership Changes & Cancellation Request Form. By signing this form, I agree that I have read and understand The Salvation Army Kroc Center's Terms of Membership.

MEMBER SIGNATURE

DATE

CHANGE/CANCELLATION WILL TAKE EFFECT ON:

TODAY'S DATE

MEMBER INITIALS

EMPLOYEE INITIALS

