



CANCEL IMMEDIATELY () YES () NO

CANCELLATION DATE: ____/____/____

I understand that, as of the date/dates above, I will no longer be payroll deducted and will no longer have access to the Cullman Wellness & Aquatic Center, as a corporate member. Should I choose to continue a membership with the Cullman Wellness & Aquatic Center, I understand the following:

- 1.) The discount, to which I received as a corporate employee, is no longer an option.
- 2.) I will be charged the current/standard membership price.
- 3.) I must provide my personal banking information, from which the Cullman Wellness & Aquatic center will draft each month.

EMPLOYEE SIGNATURE

H.R./PAYROLL SIGNATURE