

Member ID: M-										
Date Received: / /										
Cancellation Effective Date: / /										
Staff Initials:										

2000 W University Siloam Springs, AR 72761 479.524.7303

Cancellation Form

for Monthly Pre-Authorized Payments

To cancel your monthly pre-authorized payment, you must submit a signed copy of this cancellation form to the WLHC Membership Office by the 25th day of the month prior to the month designated for cancellation. Cancellation forms received after this date will not go into effect until the next billing cycle. Forms can be emailed to wlhc@jbu.edu, faxed to 479.524.7412 or dropped off at the front desk. Refunds for membership payments that have not been cancelled via the aforementioned process will not be granted. If you have questions, you can contact us at 479.524.7303 or wlhc@jbu.edu.

Please complete the information below:													
Toda	Today's Date:												
Head	Head of Household's Name:												
Date	Date of Birth:/												
Billing Address:													
City, State, ZIP:													
Email:									Phone #:				
I authorize the Walton Lifetime Health Complex to stop my current monthly pre-authorized membership payment and cancel my current WLHC membership effective as of the 1 st day of the month indicated below. Please circle the month designated for your cancellation to go into effect: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec													
SIGN	ATURE	<u> </u>							DATE	≣			