MEMBERSHIP CANCELLATION FORM

The Membership Cancellation form must be completed and submitted by the member. A separate form for each cancelling member is required.

☐ EFT CANCELLATION  ☐ PAYROLL DEDUCTION CANCELLATION

Date: __________________________ Membership Purchased: SRF  SFC

Member Name: ___________________________________________ UIN #: __________________________

Member Type:  Alumni  Community  Community LIMITED  Faculty/Staff  IMD

Phone #: __________________________

Email (for cancellation confirmation): __________________________________________

Qualifying Member: ___________________________________________ UIN #: __________________________

Relationship to Member:  Spouse/Domestic Partner  Parent

- A confirmation of this cancellation form will be emailed to the above email address within three days. If you do not receive an email, please call Natalie Banach at (312) 413-5162.
- It is the member’s responsibility to check their financial statement for accuracy and that charges have been cancelled.

Cancellation Policy:

- A $50 cancellation fee will be assessed to members cancelling before the six month minimum requirement. Members may fill out the cancellation form within the month of their six month commitment mark. The same cancellation policy applies; if the cancellation form is not received by the 15th of the month, the member will be charged for the next month.

EFT Cancellations received on the 1st - 15th of the month: Memberships will terminate at the end of that month and automatic withdrawals will stop with that month’s payment.

EFT Cancellations received on the 16th - the end of the month: Memberships will terminate at the end of the following month and automatic withdrawals will stop after the following month’s payment.

Faculty/Staff: Payroll deductions will terminate on the next earliest payroll date.
Payroll deductions or EFT will terminate when the appropriate dollar amount has been paid.
Once a membership is cancelled, there is no guarantee that it may be reinstated.

Signature: ___________________________________________  Staff Initials: ________

Electronic cancellations should be submitted to ndachn1@uic.edu

OFFICE USE ONLY

Date Received: ________________  Last Month of EFT/Deduction: ________________  Expires: ________________

Approved By: __________________________

[Image of the form with fields for completing the cancellation details]