

Florida Atlantic University  
Department of Campus Recreation  
**Cancellation Form**

**Office Use Only**

☐ Receipt Attached  
☐ Rec Trac Updated  
☐ Director/Associate Director – Operations Approval

Signature: \_\_\_\_\_

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

**Member Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address\*: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Z-Number \_\_\_\_\_

**Membership Type**

☐ Faculty & Staff

☐ FAU Alumni

☐ FAU Community Member

☐ FAU Retiree

☐ Household Adult

☐ Student

☐ Red Membership

**Cancellation Reason**

☐ Separation from FAU   ☐ Moving   ☐ Medical Concern   ☐ Enrolled in FAU classes   ☐ Prefer not to disclose

☐ Other: \_\_\_\_\_

**Cancellation Agreement**

\_\_\_\_\_ I understand that a \$30 cancellation fee will be assessed to my account if my membership is cancelled before my stated expiration date (membership only).

\_\_\_\_\_ I understand that if my membership is cancelled after the 15<sup>th</sup> of the month, that I will still be charged for the following month (monthly only).

\_\_\_\_\_ I understand that any Household Adult membership affiliated with my membership will also be canceled.

\_\_\_\_\_ I understand that my locker must be cleaned out prior to membership cancellation.

**Payroll Deduction Members**

\_\_\_\_\_ I understand that due to payroll processing dates my deductions may not cancel immediately.

Guest Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**Staff Use Only**

**Payment Type:**

☐ P.D.   ☐ Visa   ☐ MC   ☐ AMEX   ☐ Disc   ☐ Installment Billing

**Refund Type:**

☐ P.D.   ☐ Visa   ☐ MC   ☐ AMEX   ☐ Disc   ☐ Installment Billing

**Void Authorization:**

Reviewer \_\_\_\_\_ Signature \_\_\_\_\_