

Florida Atlantic University
Department of Campus Recreation
Cancellation/Refund Request 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 _____

*If moving and requesting a refund for a check payment, please list the new mailing address.

Membership Type

☐ Faculty & Staff

☐ FAU Alumn

☐ FAU NAAM

☐ FAU Retiree

☐ Household Adult

☐ Student

☐ Monthly

Cancellation Reason

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

☐ IP Course Cancellation ☐ 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.

_____ 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.

_____ I understand that check payments are refunded in the form of a check and will be mailed.

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 _____