

HRC Wellness Center

Automatic Credit/Debit Authorization

Cancellation Notice

As of this date, I request cancellation of my previous authorization to have my Holcomb Recreation Commission Wellness Center Fees deducted from my Credit/Debit Card.

I understand that this will also cancel my Wellness Membership unless other payment arrangements are made.

Name: (print) _____

Signature: _____

Today's Date: _____

Notification received on: _____

Notice received by: (Holcomb Recreation Staff): _____

