

PROGRAM
Automatic Bank Withdrawal



Cancellation Form

KBX VIP Pilates EZ Pay

Please indicate which program you are canceling automatic withdrawal for.

Checking Account Savings Account

Bank name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Names of member(s) to continue being paid for out of this account:

Print Name _____ Signature _____ Date ____/____/____

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