

**PROGRAM**  
**Automatic Payment**  
**Cancellation Form**



KBX     Pilates     EZ Pay     Locker Rental  
Please indicate which program you are canceling automatic withdrawal for.

Checking Account     Savings Account     Credit Card

Bank or Credit Card Name \_\_\_\_\_

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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