

Membership Cancellation Form



Member Name: _____	Member Phone #: (_____) _____ - _____
Date of birth ____/____/____	
Staff Signature: _____	Date: _____

Cancellation Checklist:

Returned I.D. _____ Account Balance is paid in full _____

Payment Method: Bank Withdrawal _____ Credit Card _____ PDC _____ Cash _____

- _____ Month last deduction will be taken out _____.(current month)
- _____ Cancellation Reason: (record in member's own words) _____

- _____ Did the member have any dislikes at the Rec Center? _____

- _____ Are there any family members who are staying active on your account? Yes No
If yes, please list their name(s): _____

- _____ Is the member canceling due to a lay-off or RIF at Collins? Yes No

All members with an avenue of eligibility through a Collins Aerospace employee or retiree are invited to rejoin the Rec Center. *Please go over the following guidelines and have member initial applicable items.*

1. _____ Upon rejoining in the future, I understand that I will have to pay an enrollment fee if more than 6 months has passed since my membership cancellation date. Additionally, I will be expected to re-establish eligibility by providing a completed sponsorship form from a Collins employee or retiree sponsor.
2. _____ I agree to examine my statements of payment method with "reasonable promptness." If I should discover (or reasonably should have discovered) any unauthorized signatures or alterations, or notice that an authorized change was not administered, I will promptly notify you of the relevant facts. I further agree that if I fail to report any errors in my account within 60 days of when a statement was made available to me, I cannot assert a claim against the Collins Aerospace Rec Center on any items in that statement, and as between the Rec Center and myself the loss will be entirely mine.

Member Signature: _____ Date: _____

IMPORTANT: If you are currently paying for your Collins Aerospace Rec Center membership by payroll deduction you will also need to complete the document below to cancel the recurring deduction. Please complete all highlighted areas.

(If you are not paying via payroll deduction you may ignore this page.)

PERSONNEL NUMBER	LAST NAME	FIRST NAME	M.I.
------------------	-----------	------------	------

COLLINS AEROSPACE REC CENTER MEMBERSHIP DEDUCTION

I hereby authorize a monthly payroll deduction of \$ 0.00 for the membership dues in the Collins Aerospace Rec Center for:

Name(s) of member(s): CANCEL

I understand that my payroll deduction amount will be based upon the current, published membership rates and the number and type of memberships which I have elected. I understand that this amount can only be changed or cancelled in either of two (2) conditions: (1) by me, in writing, for changes or cancellations to the number or types of memberships; or (2) by Rockwell Collins, with 30 days prior notice to the membership, for adjustments to the applicable published membership rates.

Employee Signature _____ Date _____ Approved _____

Weekly Paid Biweekly Paid Monthly Paid