



# Automated Billing Pass Renewal/Cancel/Transfer Request Form

Primary Member's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Pass Membership** Please circle: **NEW** or **RENEWAL** Date of First Debit: \_\_\_\_\_

Pass Type: \_\_\_\_\_ Pass #: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

List members to include: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_\_

**Pass Cancellation** Please circle: **Monthly Auto Debit** or **Paid in Full**

List all pass numbers being cancelled: \_\_\_\_\_

Reason for cancellation request: \_\_\_\_\_

**Pass Transfer**

Transfer pass type from: \_\_\_\_\_ to: \_\_\_\_\_ Transfer payment amount from: \_\_\_\_\_ to: \_\_\_\_\_

Members **added** to membership: \_\_\_\_\_ Members **removed** from membership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Account Information Change** (Attach voided check here)

I (we) hereby authorize the City of Louisville Parks and Recreation to initiate a monthly debit from my checking account provided on the 15th of every month in the amount indicated above until the membership is terminated by request. If an existing debit is established, authorization is given to extend the debits until cancellation is requested.

I understand that all cancellation requests must be made by the 5th of the month in order to discontinue debits for that month. If this is a pass transfer, the monthly debits will continue at the new billing amount indicated above.

I understand this agreement is an instrument for payment for the membership purchased and that this membership is non-transferable and nonrefundable. It shall be understood that the Louisville Recreation Center will be closed approximately seven holidays a year, in addition to a number of other days for special events and maintenance of the facility. No days of credit will be added to the membership due to closure days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Request Processed by: \_\_\_\_\_ Date: \_\_\_\_\_