



My Gym Children's Fitness Center

166 McHenry Road
Buffalo Grove, IL 60089
Tel: 847.229.1990
gotomygym.com

Cancellation Request Form

I, _____, request the discontinuance of my recurring billing for the following students:

Student(s): _____

Per Membership Authorization Agreement, I understand that this request is being made at least 21 days prior to my next scheduled recurring billing.

I would like the last class date to be _____

Signature: _____ Date: _____

Reason for cancellation:

To Be Completed by My Gym Representative:

Date of Cancellation Request: ___/___/20__

Date of Last Payment: ___/___/20__

Date of Contract Expiration: ___/___/20__

Staff Initials: _____