



## Monthly Membership Auto-Draft Change or Cancellation Request

Member Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please choose one of the following options:

**Withdrawal from Auto-Draft membership plan** (Please explain reason for withdrawal):

\_\_\_\_\_

*(Email the completed withdrawal form to [nbecker@friscotexas.gov](mailto:nbecker@friscotexas.gov), or fax it to Nancy Becker at 972-292-6601.)*

If the Frisco Athletic Center receives your cancellation request by the 20<sup>th</sup> of the month, Auto-Draft will terminate and your card will not be charged again. If the cancellation request is submitted after the 20<sup>th</sup>, your account will be billed for the following month.

**Autodraft membership transfer** (Select one):

Adult to Family

Family to Adult

\_\_\_\_\_

**Change in credit card information**

Please Check One:     Debit     Credit

Select Card Type:     Master Card     Visa     American Express     Discover

Last 4 Digits of Card: # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_    Expiration Date: # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Name of Cardholder: \_\_\_\_\_

I hereby authorize the City of Frisco to charge my credit or debit card between the 25<sup>th</sup> and the last day of each month for payment of my monthly Frisco Athletic Center membership.

I understand that although not listed on this document, all conditions of the original Auto-Draft agreement I signed still apply.

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

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

### FOR STAFF USE ONLY

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Effective date of changes: \_\_\_\_\_ Changes made in Class  
by: \_\_\_\_\_ on \_\_\_\_\_