



# Auto-Draft Membership Cancellation Request

5828 Nancy Jane Lane – Frisco, TX 75035 – 972-292-6600

This form can be found and submitted online at [www.PlayFrisco.org/653](http://www.PlayFrisco.org/653)

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

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

### Withdrawal from Auto-Draft membership plan

(Please select reason for withdrawal):

- Light use – schedule conflict
- Budget
- Joined another gym
- Moving
- Transfer to Annual
- Other: (please specify) \_\_\_\_\_
- Medical
- Summer use only

If the Frisco Athletic Center receives your cancellation request 5 business days before the billing date of the membership, Auto-Draft will terminate, and your card will not be charged again. If the cancellation request is submitted after the 5 business days of the initial start date, your account will be billed for the following month.

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: \_\_\_\_\_

(Email the completed withdrawal form to [memberships@playfrisco.org](mailto:memberships@playfrisco.org), or fax it to FAC Memberships at 972-292-6601.)

For staff use only:

Staff Name (received by)	Date	Effective date of changes	Manager Approval
			Initial: _____ Date: _____