Utah Valley University
Student Life & Wellness Center Cancellation Form

Membership Type

__ Student  __Student Family  __Employee  __Employee Family  __Alumni  __Alumni Family
__Retired Faculty/Staff  __Retired Faculty/Staff Family  __Affiliate

Cancellation Agreement

_____ I understand that if a semester or annual member cancels before their first year of membership expires, a $30 cancellation fee will be assessed.

_____ I understand that if my membership is cancelled after the 15th of the month, I will still be charged for the following month (monthly payroll deduction memberships only). If a monthly member cancels before the first three billing cycles, a $30 cancellation fee will be assessed.

Reason For Cancellation: ____________________________________________________________

Member Signature

Signature: ____________________________________________________________

Date: ____________________________

Member Information

Last Name: ____________________________________________________________

First Name: ____________________________________________________________

Email Address: _________________________________________________________

UVU ID No: ____________________________________________________________

Phone: ________________________________________________________________

Home Address: __________________________________________________________

City/State/Zip: __________________________________________________________

Office Use Only

Payment Type: __Visa __MC __AMEX __Disc __Installment Billing __Payroll Deduction

Refund Type: __Visa __MC __AMEX __Disc __Installment Billing

Void Authorization

Reviewer_____________________________________

Signature_____________________________________

Cancellation Effective Date: ____________________

www.uvu.edu/slwc