



Utah Valley University Student Life & Wellness Center Cancellation Form

Office Use Only

Receipt Attached

Director/Associate
Director

Signature: _____

Cancellation Effective
Date: _____

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 _____