



REQUEST TO CANCEL MONTHLY PASS AGREEMENT

Date Request of Cancellation _____

Member Name _____

Member Phone Number _____

I, _____ (Member Name),
am providing written notification to cancel my monthly recreation center
pass agreement at the South Suburban Park and Recreation District
(SSPRD) on _____ (Date). I understand that my auto-debit occurs
on the 1st day of the month, my request must be made two weeks (14
days) prior to the next auto-debit.

Any requests past the 14 day minimum will be processed the following
month. I also understand that a two-month minimum is required. If the
two-month period has not yet been met, my monthly pass can be
canceled once it has been fulfilled.

Print First & Last Name _____

Today's Date _____

Member Signature _____

We are sorry to see you go! Please let us know why you have decided to
cancel your monthly pass:

Did not use enough Budgetary Moving Away

Did not meet my needs Other _____