



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

Member Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Withdrawal from Auto-Draft membership plan

(Please select reason for withdrawal):

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

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, 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: _____