

By checking this box, you agree that e-signatures typed into this form are validated as your willing signature.



CARROLL WELLNESS CENTER CANCELLATION FORM

PLEASE PRINT

Account Holder Name:	<input type="text"/>	Date:	<input type="text"/>
Address:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Email:	<input type="text"/>		
NAMES OF DEPENDANTS INCLUDED IN MEMBERSHIP			
Name:	<input type="text"/>	Name:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>

Are your dues paid through payroll deduction? If so, you must complete a payroll deduction change form to stop deductions from your paycheck.

REASON FOR CANCELLATION			
Medical <input type="checkbox"/>	Moved <input type="checkbox"/>	Financial Reasons <input type="checkbox"/>	Transferred Facilities <input type="checkbox"/>
Dissatisfied <input type="checkbox"/>	Time Constraints <input type="checkbox"/>	Other: <input type="text"/>	

PLEASE TAKE A MOMENT TO EVALUATE CARROLL WELLNESS CENTER				
Description	Excellent	Good	Average	Poor
Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THERE ANYTHING THE CARROLL WELLNESS CENTER MANAGEMENT COULD HAVE DONE TO ENCOURAGE YOU TO CONTINUE YOUR MEMBERSHIP WITH US?
<input type="text"/>

ACKNOWLEDGEMENT	
<input type="text"/> (Initial)	I understand my termination shall be deemed to occur 15 days from the date that written termination notification is received by Carroll County Wellness Center
<input type="text"/> (Initial)	I understand my dues will be automatically drafted, payroll deducted or I will receive one more statement if my termination notice was not within the 15 day notice policy.
This will serve as my official termination(s) of my/our membership to CWC. I/we fully understand CWC termination policy.	

ADDITIONAL NOTES (CARROLL WELLNESS CENTER USE ONLY)	
Recuperation Fee: <input type="text"/>	Comments: <input type="text"/>

Member/Account Holder's Signature: <input type="text"/>	Date: <input type="text"/>
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CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

#CWCstrong
Revised August 2020