



NEW CANAAN YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

E-PAY Membership In-Activate (Suspension) 7 BUSINESS DAYS NOTICE REQUIRED PRIOR TO E-PAY DATE

Billable First Name: _____ Billable Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____ E-Mail: _____

I, _____ (name), understand that I am suspending my New Canaan YMCA member privileges and agree to not use a YMCA during my suspension period. Further, I also understand that it is my responsibility to complete a Membership Re-Activate Form in order to re-activate my membership and resume my activities at the New Canaan YMCA.

Please indicate why your membership is being suspended by initialing the correct statement below:

MEDICAL HOLD: I understand that if my membership is being suspended for medical reasons, my account will not be charged during my suspended period. A **signed physician's note on medical letterhead is required before my membership can be re-activated to ensure that I am physically able to resume my membership.** _____ (please initial here)

TRAVEL HOLD: I understand that if my membership is being suspended for travel reasons, my E-Pay will be \$25 per month as an administrative fee. _____ (please initial here)

Statement of Understanding

I understand that for processing purposes, this form needs to be submitted at least 7 business days prior to my next E-Pay date. My membership will become suspended at my next E-Pay date.

Today's Date: _____ My monthly next E-Pay withdrawal date: ___/1/___ or ___/15/___

Billable Name (Print Clearly): _____

Billable Member signature as on checks/credit card: _____

If you have any questions, you may contact the Accounting Administrator:

Leslie Figueroa : Email: lfigueroa@newcanaanymca.org Phone: 203-966-4528, ext. 166

FRONT DESK ONLY

I have reviewed this form with the member and provided him/her with a copy. Date: _____ Initials: _____

Entered Front Desk **note** on member account: Date: _____ Initials: _____