

**MONTCLAIR YMCA**  
25 Park Street  
Montclair, New Jersey 07042

**NOTICE OF CANCELLATION**  
Pre-Authorized Monthly E-Pay Plan

In accordance with my Membership Agreement, cancellation of my pre-authorized monthly E-Pay plan **MUST** be made in writing by the **8<sup>th</sup> of the month** in order to be cancelled for the 15<sup>th</sup>. **Any written notice received after the 8<sup>th</sup> will result in a draft for that month and will take effect the following month.**

I understand that I am entitled to use my membership until all drafted fees have been exhausted.

**PLEASE LIST NAME AND BIRTHDATE OF ALL MEMBERS CANCELLING:**

Name/Birthdate:

Name/Birthdate:

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**OLD INFORMATION:**

**NEW INFORMATION (if Applicable):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

**Reason for Cancelling (Used for Statistics Only):**

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Signature \_\_\_\_\_

Date \_\_\_\_\_