

AUM Wellness Center

Payroll Deduction & Credit Card Payment Stop Form

Membership is a 1, 3, or 12-month minimum commitment as selected on your Membership Agreement. These terms must be completed prior to cancellation. The early cancellation fee is equal to one month of your current membership fee.

Early cancellation will be approved only in an extreme case as determined by the Director. Must provide proof of reason for cancellation. Please allow up to 10 days for processing.

Date: _____

Warhawk ID# _____

First: _____ Middle: _____ Last: _____

Address: _____

Phone# (Between 8am - 5pm): _____

E-mail Address: _____

Please check the monthly deductions you would like stopped:

Faculty/Staff Retirees Alumni Friends of AUM Affiliated Dependent

Do you have a locker? Yes No

(Please remember to remove your belongings before the last day of your membership. If you do not remove items, they will be bagged and stored at the Front Desk for one week, then destroyed or donated)

Please take a moment to tell us why you wish to cancel your monthly deductions:

Faculty/Staff: When cancelling your membership that is paid through payroll deduction, you must provide the Wellness Center Office 30 days' notice prior to the 1st of the month which you would like the membership terminated. For example, if you plan to terminate your membership on Aug. 31st, you need to return this form on or before July 30th.

Signature of Participant: _____

Desired Cancellation Date: _____

Obviously, we are disappointed with the news that you no longer wish to continue your membership with the AUM Wellness Center; however, it is essential that we understand what members expect from our facility. As someone who does not intend to renew their membership, please take a minute to complete our short exit survey. Your views are invaluable to us.

1. What caused you to initially consider not renewing your membership?

- Health Emergency
- Relocation
- Loss of Employment
- Other: (please specify):

2. What would make you more likely to continue your membership?

- Offer a specific program (please specify):

- There is nothing that would allow me to continue my membership at this time.

- Other: (please specify):

3. On a rating of 1 – 5 (Where 1 is poor and 5 is excellent), how would you rate the AUM Wellness Center customer service?

1 2 3 4 5

4. On a rating of 1 – 5 (Where 1 is poor and 5 is excellent), how would you rate the AUM Wellness facility overall?

1 2 3 4 5

5. Is there anything else you would like to share with us that may help improve the facility or your experience here?

If for any reason you would like a member of the AUM Wellness Center to contact you or you would like to provide additional information, please provide your name and telephone numbers on the lines provided below or send us an e-mail at wellnesscenter@aum.edu.

Name: _____ **Phone number:** _____
E-mail: _____ (I prefer to be contacted via email Y N)

(All responses are confidential and completely anonymous.)