



## Membership Change Form

Member Name \_\_\_\_\_

Primary On Membership Name \_\_\_\_\_

### ONLY COMPLETE INFORMATION THAT HAS CHANGED

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

New Phone # : \_\_\_\_\_

### Membership Change:

<b>Add On</b>	<input type="checkbox"/>	Member/s
	<input type="checkbox"/>	Merge Memberships
	<input type="checkbox"/>	24-hr access
	<input type="checkbox"/>	locker
<b>Drop</b>	<input type="checkbox"/>	Member/s
	<input type="checkbox"/>	24-hr access
	<input type="checkbox"/>	locker

Name of Member/s \_\_\_\_\_

DOB \_\_\_\_\_

Scan Card # \_\_\_\_\_

### Change in EFT Method

#### Monthly Charges

I authorize the Hallett Center of Crosby to deduct my monthly total on my bill date each month from either a bank account or credit card. This authorization is to remain in effect until the Center has collected for all charges assessed in connection with the terms and conditions of this addendum of the membership agreement. I have the right to stop payment on an automatic debit by notifying my bank. This, however, does not void my Agreement with the Center to fulfill my payment commitment, and I am obligated to pay by some other method.

**Checking Account**

OR

**Credit Card**

Routing Number & Bank Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Exp. Date    CVV    Billing Zip

Authorization Signature: \_\_\_\_\_

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_