



**RICE UNIVERSITY
The Barbara and David Gibbs
RECREATION CENTER MEMBERSHIP
CANCELLATION FORM**

Date: _____

Name: _____ E#: _____

Department: _____ Email: _____

Termination of payroll deduction will only be processed once a member has filled out a cancellation form. It should be noted that any requests for cancellation will not be processed until the beginning of the subsequent semester. Notice must be given 30 days before the end of the current semester to stop deductions for the following semester.

Last day to submit cancellation form to STOP deductions beginning Fall 2017: July 14, 2017

Last day to submit cancellation form to STOP deductions beginning Spring 2018: November 24, 2017

Last day to submit cancellation form to STOP deductions beginning Summer 2018: April 13, 2018

- ___ Faculty/Staff Individual
- ___ Faculty/Staff & Immediate Family Member
- ___ Faculty/Staff & Family
- ___ Family Member Only
- ___ Family Only

Reason for Cancellation: _____

I authorize Rice University to terminate my request for payroll deduction to pay my membership fees for the Barbara and David Gibbs Recreation Center. I understand that in doing so, I will lose my privileges as a member to this facility. Further, I understand that I will continue to be assessed fees until the beginning of the subsequent semester.

Signature: _____ Date: _____

Cancellation form must be submitted to the Recreation Center for approval.

6100 Main St. | MS-523 | Houston, TX 77005 | Office: ext.4058 | Fax: 713.348.5329 | als5@rice.edu

RECREATION CENTER STAFF USE ONLY

Approval
Signature: _____ Print: _____ Date _____