



CITY OF LONGMONT RECREATION SERVICES
CREDIT CARD AUTHORIZATION
CANCELLATION FORM

Date: _____ HH# _____ (Office use only)

Primary Name: _____ Pass #: _____ (Office use only)

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

Primary Phone: _____ E-mail: _____

Total paid per Month \$ _____

Reason for Cancellation:

Signature _____ (Printed Name) _____ Date _____

For Cancellation of the Recreation Services Monthly Auto Pay Membership

- Cancellation requests must be **RECEIVED** on or before the 25th day of the current month. Three full payments are required IN ADDITION to any prorated fees.
- Cancellations must be submitted in writing (fill out this form completely)
- No refunds will be issued, no passes will be prorated upon cancellation
- The City of Longmont Recreation Services is not responsible for bank overdraft charges.

Forms can be picked up and returned to any of the following Recreation facilities:

Longmont Recreation Center, 310 Quail Rd 303-774-4800

St. Vrain Memorial Building, 700 Longs Peak Ave 303-651-8404

Centennial Pool, 1201 Alpine Street 303-651-8406

OFFICIAL USE ONLY

Date Received: _____ Approved by: _____ (staff name) Facility approved at : _____

Date Completed: _____ Completed By: _____