

All EFT Membership Cancellations must be completed 30 days prior to the cancellation. For example, if you would like your account to stop autodrafting in July, this form must be filled out no later than June 1st.

Phone calls, letters, and or any other form of changes will not be accepted.

| Today's Date: | |
|--|--|
| Student's Name: | Class Enrolled: |
| Parent/Guardian Name: | |
| Reason: | |
| Freeze: I would like to freeze my account for months. My account will be autodrafted again on This will hold my spot in my current class. | |
| Cancel: Cancellation will take effect in 30 days. I understand that my card will be charged for any payments due in the next 30 days. I understand that I can still use my membership through the end of the month of my final payment. | |
| Customer Name | Phone Number/Email |
| | FOR OFFICE USE ONLY |
| Customer Signature | Processed By Date REVISED July 01, 2024 |
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