



City of Bellevue Parks & Community Services ePass Membership Cancellation at South Bellevue Community Center

ALL REQUESTS FOR CANCELLATIONS MUST BE SUBMITTED IN WRITING 10 DAYS PRIOR TO DATE OF PASS RENEWAL.

NO REFUND OR CREDIT WILL BE ISSUED BETWEEN DATE OF REQUEST AND EFFECTIVE DATE.

YOU WILL BE CHARGED THE FOLLOWING MONTH IF CANCELLATION FORM IS RECEIVED LESS THAN 10 DAYS PRIOR TO THE NEXT BILL DATE.

- The primary pass member is liable for the financial obligation of this Agreement regardless of whether they utilize the facility or not. Pass holders may not be credited due to lack of use of the facility.

Main Participant Name: _____

Members on your pass: _____

Address: _____ **Phone:** _____

Reason (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Class or personal schedule changed | <input type="checkbox"/> Moved |
| <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Not using |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Using other gym: _____ |
| <input type="checkbox"/> Other: _____ | |

Signature

Date

For Office Use Only

Received Date: _____ Received By CSR: _____

Pass Type: _____ Effective Date: _____

Processed By: _____ Processed Date: _____ Tracked: