



**CITY OF PORTSMOUTH
RECREATION DEPARTMENT
DIRECT PAYMENT CANCELLATION FORM**

FACILITY (please circle one)

SPINNAKER POINT

INDOOR POOL

My member #: _____ **Last 4 digits of account charged:** _____
(located on back of membership card) (last 4 of credit card or checking account)

PLEASE NOTE: Cancellation forms must be received at least 15 days prior to the first day of the month you wish to terminate. (For example, forms be received no later than January 15th in order for your membership to be cancelled by February 1st.)

Today's Date: _____

Please cancel my membership and automatic withdrawal to the above designated facility effective _____ for the following member(s):

Member's name: _____

Member's name: _____

Member's name: _____

Member's name: _____

I can be reached at the following address and phone number:

Address:

Phone:

Primary member/parent Signature

Please return this form to the facility you are canceling your membership at:

SPINNAKER POINT FITNESS CENTER: 30 Spinnaker Way, Ports. NH 03801 (tpbailey@cityofportsmouth.com)
PORTSMOUTH INDOOR POOL: 48 Andrew Jarvis Drive, Portsmouth NH 03801

Please complete all information as incomplete forms may delay or prevent processing.