

# Urth Fitness Cancellation Request

First Name \*

Middle Name

Last Name \*

Phone \*

Email \* (If possible, please provide the same email linked to your Member Profile)

Date of birth \*

Address \*

Address Line 2

City \*

State \*

Post Code \*

Club \*

Reason for Cancellation Request \*

I confirm I am outside of my Minimum Term Contract Period \*

I confirm I have no money owing in Arrears \*

Agreement 1 \*

☐ I understand there is either a 14 Day or 30 Day Cancellation Notification Period as specified on my Membership Terms and Conditions, and that any payments that fall within this period are due and payable by me.

Agreement 2 \*

☐ I understand that if I have money currently owing on my Membership, or the payments during the Cancellation Notification Period are unsuccessful, the Cancellation will not be processed until such date as both money owing is paid in full, and Cancellation Notification Period is ended. I further understand that if any money owing is not paid by the end of the Cancellation Notification Period the original Membership will continue debiting, and another Cancellation Request will be required.

Feedback \*