



Please print clearly, complete all requested information, and sign where indicated.

Today's Date:

Member Name:

Contract number:

GYM Location:

Email Address:

Address: _____

Day Telephone: _____

Evening Telephone: _____

Auto Renewal Cancellation Request Form

Members may cancel their Auto Renewal Membership only by completing the steps listed below.

- Must submit a WRITTEN cancellation letter. Mail letter to Paramount at **4725 S Holladay Blvd, suite 100, Holladay, UT, 84117** or faxed to **888-757-1664**.
- Account balance must be zero including final payment. Example: If you're billing date is on the 12th of the month and you submit letter on the 13th you will be charged on the 12th for your last payment.
- It takes 30 days from the time the letter is received at our office, fees have been paid, and requirements have been met for cancellation to take effect.

Reason for Cancellation:

Did you achieve your fitness goals while you were a member? _____

Yes _____ No _____ How could we have assisted you better _____

We value your opinion - please take a moment to tell us about your experience

Helpfulness of Manager Excellent _____ Good _____ Poor _____

Helpfulness of Trainers Excellent _____ Good _____ Poor _____

By signing below, you acknowledge that you have carefully read this request Form. Please refer to your contract Agreement for complete terms and conditions regarding cancellation and refunds. In the event of a conflict between the Request Form and your Contract Agreement, the terms of the Contract Agreement control.

Signature _____ Date _____

For Manager Use Only:

___ Confirm of \$0 balance in Paramount

___ Check billing date AND payment method

___ Collect Delinquent Balance \$ _____ (attach proof of payment)

___ Final Month's Dues Collected \$ _____ (attach proof of payment)

Manager (Print) _____ Manager (Signature) _____ Date _____