

**The University of West Alabama Fitness Center
Membership Payment – STOP REQUEST**

Primary Member Name (please print) : _____

Option #1

STOP Bank draft for Non-UWA Employees

To: UWA Fitness Center, Accounts Payable

I write to request that my monthly bank draft to the UWA Fitness Center in the amount of \$_____ be discontinued immediately. I understand I need to allow a minimum of 4-5 business days for this stop draft to process.

Primary Member Signature: _____ Date: _____

Option #2

STOP Payroll Deduction for UWA Employees

To: UWA Fitness Center, Accounts Payable

UWA Employee Name: _____

Address: _____

Amount per month: \$_____ Bi-Weekly: _____ Monthly: _____

I write to request that my payroll deduction to the UWA Fitness Center be discontinued immediately.

Employee signature: _____ Date: _____