

**PROGRAM**  
**Automatic Bank Withdrawal**



**Cancellation Form**

RC NOW     VIP Pilates     EZ Pay

Please indicate which program you are canceling automatic withdrawal for.

Checking Account                       Savings Account

Bank name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Names of member(s) to continue being paid for out of this account:

\_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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