

MEMBERSHIP CANCELLATION

Cancellation Policy

- **All Membership Plans:**
 - 30-Day Cancellation Notice is Required. Cancellation must be in writing and delivered/received:
 - In person to Emory Decatur Wellness Center reception.
 - Via email or fax to edh.wellnesscenter.fax@emoryhealthcare.org.
 - By mail to Emory Decatur Wellness Center at 2665 N Decatur Rd, Ground Floor, Decatur, GA 30033.
- **3 Month / 6 Month / 12 Month PIF (paid in full) plans:**
 - A prorated amount for time remaining, minus the 30-day notice period will be available as a refund.
 - Facility access remains valid through the final day of the 30-day notice period.
- **Monthly EFT (electronic funds transfer) plans:**
 - Final EFT billing will occur within the 30-day notice period.
 - Facility access remains valid through the 14th of the month following the final EFT billing.
- **Payroll Deduction Employee plans:**
 - Employee must complete Payroll Deduction Start/Stop form with *Stop Deductions* box check marked.

Member Information

Member Name (print): _____ Member ID: _____

Cancellation Confirmation Email: _____

Reason for Cancellation: _____

How likely are you to recommend Emory Decatur Wellness Center to others?

⊗ 0 1 2 3 4 5 6 7 8 9 10 ⊙

Suggested Improvements: _____

Authorization

Member signature: _____ Date: _____

Staff (first name): _____ Date: _____

Supv. Processed: _____

K# _____ [EFT] [3] [6] [12] Active _____ - _____ Fnl Bill _____ Access Exp _____