

ANAHATA YOGA



Yoga from the Heart

Requests to Stop Autopay Form (minimum 12 months)

Name : _____ Date : _____

Membership Number : _____ Autopay Cycle : _____

Correspondence Address : _____

Telephone (Home) : _____ Mobile Phone : _____

ACCORDING TO THE AUTOPAY CUT-OFF DATE, A MINIMUM OF 60 DAYS ADVANCE NOTICE IS NOW GIVEN TO STOP MY NEXT AUTOPAY ON _____ .

Member's signature

Acknowledge Receipt by Staff and Date

Approved / Unapproved by :

Updated by :

** Copy to be made to member for their record.*