Ascension Saint Thomas

Cancellation /Change Form

Print Name_____ Date:_____

I hereby request the Wellness Center to stop/change payment to my account.
I understand that if I decide to end my membership, it is my responsibility to notify the Wellness Center of my intent in writing. The member must review their bank statement.

Cancel Bank Draft_____ or Change Bank Draft_____

Must be turned in before the 1st of the month to stop your membership dues.

Please turn in your Wellness Center Scan Card

Reason for cancellation:

___ Do not Use ___ Using another facility ___ Financial burden ___Facility hours

___ Moved ___ Change in employee ___ Medical ___ Other

Location:

You can fax to 615-396-6189 Attn: Membership or Mail form to:
1840 Medical Center Parkway Seton Building Suite 203, Murfreesboro TN 37129

Staff Signature:_____ Date:_____

Phone: 615-396-5500

Hours: Monday - Friday: 6:00am-7:00pm
Saturday: 8:00am-12:00pm

WELLNESS CENTER