

**CITY OF PORTSMOUTH
RECREATION DEPARTMENT
DIRECT PAYMENT CANCELLATION**

Facility (please circle one): **Spinnaker Point** **Indoor Pool**

Member #: _____ **Last 4 digits of account charged:** _____

(located on back of membership card)

(credit/debit card or checking/savings account)

Cancellation forms must be received at least 15 days prior to the member's recurring payment date. (ex: forms to be received no later than January 15th in order for your membership to be cancelled by January 30th).

Please complete all information, as incomplete forms may delay or prevent processing.

\$25 Administrative Fee will be required if you rejoin.

Today's Date: _____

Please cancel my membership and automatic withdrawal to the above designated facility.

Effective Date: _____ for the following member(s):

Member's name: _____

Member's name: _____

Member's name: _____

Member's name: _____

Address: _____ **Phone:** _____

Primary member/parent Signature: _____

Please return this form to the facility you are canceling your membership:

SPINNAKER POINT FITNESS CENTER: 30 Spinnaker Way - Portsmouth, NH 03801

PORTSMOUTH INDOOR POOL: 48 Andrew Jarvis Drive - Portsmouth, NH 03801