

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

<b>Facility</b> (please circle one): <b>Spinnaker Point</b> <b>Indoor Pool</b>	
<b>Member #:</b> _____	<b>Last 4 digits of account charged:</b> _____
(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 15<sup>th</sup> in order for your membership to be cancelled by January 30<sup>th</sup>).

**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