

**Business Services Signature** 

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## **Cancellation of Automatic Withdrawal for Recreation Center Membership**

## **Request to Stop Automatic Withdrawal:** I hereby request to stop the Recreation Center automatic withdrawal effective Name Phone Number **Type of Membership:** □ \$25.50 UTRGV Faculty/Staff □ \$51.00 UTRGV Faculty/Staff & Spouse □ \$29.75 Alumni □ \$59.50 Alumni & Spouse Total amount of monthly automatic withdrawal: \$ \_\_\_\_\_ Signature Date Cancellation of Automatic Withdrawal must be approved by Recreation Center staff before being submitted to the Office of Business Services for processing: Recreation Center Signature Date Please return completed form to: Texas Southmost College Office of Business Services

Date