



# Membership Cancellation Request

Rev. 01/17

Client Name: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_

Membership:  The Soul Massage 50/90  Zen Subscription  Reflexology Member  Zen Facial  
 Hydropeptide Member

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*I wish to cancel my Membership and stop any and all autopay transactions on my credit card. I understand that I have 30 (Thirty) days in which to use any available session credits on my account. If after this 30 day period, I understand that any credits will no longer be available and my account will be permanently closed. Init. \_\_\_\_\_*

*I agree that all autopay payments made previous to this date were made with my consent and in accordance with my membership agreement. Init. \_\_\_\_\_*

*I understand that any and all amounts due on my membership's autopay account must be satisfied prior to this cancellation becoming effective. I further understand that any and all membership sharing will also be cancelled as of the cancellation date. Init. \_\_\_\_\_*

*In order to effectively cancel your membership, this request must be signed and submitted in person.*

Auth: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_