



CAST 30-Day Cancellation Notice

Mail to: PO Box 846, Post Falls, Idaho 83877

Today's Date: _____

I am writing to inform you that my swimmer(s) _____, will no longer be swimming with CAST. Swimmers Name(s)

Currently my monthly swim dues payment is automatically withdrawn from my account. The automatic payment withdrawals or credit card charges are made on the 1th day of each month.

I hereby notify you of the **cancellation** of the authorization for the above referenced automatic payment withdrawals / credit card charges.

I understand that I need to give you at least **30 days notice prior to the next scheduled transaction. Any outstanding fees will be withdrawn from your account at this time: this includes any fundraising responsibilities and charges for uncompleted service hours.**

Therefore, I expect the last automatic payment withdrawal to be dated: _____

Why are you leaving? (Please check all that apply:)

- The practice times did not mesh with family schedule
- Swimming is not for me
- Different sport season is starting
- The coaches were not coaching
- Did not feel part of the team
- The monthly cost for Kroc Center is to high
- Family is relocating
- The monthly cost to swim with CAST is to high

Please feel free to include comments or suggestions to help our program improve:

PLEASE SIGN AFTER YOU PRINT THIS FORM

Print Name:	<input type="text"/>	Today's Date:	<input type="text"/>
Address:	<input type="text"/>		
Signature:	<input type="text"/>		