



SUSPENSION FORM



MEMBER INFORMATION	MEMBER NAME			
	ASSOCIATE MEMBER NAME (IF APPLICABLE)		TODAY'S DATE	
	SELECT REASON FOR HOLD <input type="checkbox"/> VACATION <input type="checkbox"/> FINANCIAL <input type="checkbox"/> TIME <input type="checkbox"/> OTHER*		MEMBERSHIP RATE	
	*IF OTHER, PLEASE EXPLAIN:		NEXT SCHEDULED WITHDRAWAL DATE	
	3 MONTH PERIOD - HOLD BEGINNING DATE	HOLD END DATE	CLIENT INITIALS	ELEMENTS STAFF INITIALS
AUTHORIZATION	<p>A hold on your Wellness Program membership is a period of time in which you have elected to stop automatic monthly withdrawals each month. The hold will go into effect within 30 days following your request.</p> <p>The following auto pays will be removed from your account and your credit card/bank account will not be charged:</p> <p style="text-align: center;"> _____ _____ _____ </p> <p style="text-align: center;"> 1ST MONTH 2ND MONTH 3RD MONTH </p> <p>I understand that by signing below I am placing my membership on hold. I understand this hold applies to all member benefits and specials as well. I also understand that I can only place my membership on hold twice during a one year period.</p>			
	MEMBER SIGNATURE			DATE
STUDIO USE ONLY	STUDIO NAME/LOCATION			
	RECEIVED BY:			DATE
	DATE RECEIVED BY MANAGER			INITIALS
	DATE ENTERED IN MINDBODY			INITIALS
	DATE OF BANK NOTIFICATION			INITIALS