



Petition for Reimbursement for Draft of Monthly Fee

Date: _____

Primary Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I, _____, petition for reimbursement for draft of monthly fee. I understand that my membership agreement required a thirty (30) day written cancellation notice and I gave my thirty (30) day written cancellation notice on: _____ at approximately _____ AM / PM and was given receipt number: _____ (copy enclosed) or confirmation number: _____. I also understand that if the previous month's draft was returned, it may have been added to any draft due. I also understand that non-use of membership, by any or all members on membership, does not constitute "notice to cancel". I understand that a written thirty (30) day notice to cancel membership is required to cancel.

I understand, and agree, that Gymies Fitness Center will have thirty (30) days to investigate my petition. Upon completion of investigation, Gymies Fitness Center will mail me their findings and/or any refunds, if any, that are due.

Please attach copies of any and all supporting documentation!

Primary Member's Signature *Note: Form must be completed by primary member only.*

Form must be dropped off in person at 47 W. Jackson St., Cicero, IN or mailed via U.S. Certified Mail to P.O. Box 347, Cicero, IN 46034-0347