



Cancelation of Membership & Autopay

Date ____ / ____ / ____

I currently have my payment for FLX Fitness automatically withdrawn for my member number:_____
Effective____/____/____. Cancellation form must be submitted to FLX Fitness front desk 10 days before your
next scheduled payment. I would like to cancel those automatic withdrawn and submit this letter as
written notification of my termination of your company's authorization to debit my account. I expect
that our last automatic withdrawn from my account will be for the payment due.

TO PROVIDE BETTER SERVICE, PLEASE ANSWER OUR QUESTIONAIR

Reason for cancelling membership?

Cost ____ Service ____ Personal ____ Other_____

Are you going to come back? Yes____ No ____

Will you be attending another gym? Yes ____ No ____

What was the reason you joined FLX Fitness?

What was what you least liked about FLX Fitness?

How often did you come to FLX Fitness?

What did you use more? ____Cardio Machines____ Classes____ Leg Room____ Weight Room

If you attended one of our classes, which one was it?_____

Did you have a trainer? Yes No If so, Who? _____

Did you workout: ____ alone or with a workout partner ____

How can FLX Fitness improve?

Please Add the last four digits of your card _____ **Initials** _____

Thank you for your prompt attention to this request.

Sincerely,

Print Name: _____ **Signature:**_____