



City of Portsmouth
1 Junkins Avenue
Portsmouth, NH 03801

RECREATION DEPARTMENT DIRECT PAYMENT CANCELLATION FORM

Facility (please circle one):

Connie Bean

Spinnaker Point

Indoor Pool

My Member #: _____ Last 4 digits of Account charged: _____

Please note: Cancellation forms must be received in the Finance department 15 days prior to the first day of the month you wish to terminate. (For example, forms must be received no later than Jan 15th in order for your membership to be cancelled by Feb 1st.)

Today's Date: _____

Please cancel my membership and automatic withdrawal to the above designated facility effective _____ for the following member(s):

Primary member's name _____

Spouse _____

Dependent _____

Dependent _____

I can be reached at the following address and phone number.

Address: _____

Phone: _____

Member Signature

Please return form to:

City of Portsmouth, 1 Junkins Ave, Portsmouth, NH 03801 ATTN: Finance Dept.

Please complete all information as incomplete forms may delay or prevent processing.