

2110 Main Street Dunedin, FL 34698

• 727-282-1800 • www.RockSolidFitnessFL.com •

## **AUTO-PAY SUSPENSION FORM**

\*\*MUST BE 10 DAYS PRIOR TO NEXT AUTO-PAY CYCLE\*\*

**YOUR MEMBERSHIP RATE WILL BE PRO-RATED FOR THE WEEKS DURING YOUR SUSPENSION PERIOD**	
CLIENT NAME:	DATE:
SUSPENSION DATES:	
START DATE:	END DATE:
Reason for suspending your Membership:	
CLIENT SIGNATURE:	DATE:
****** <u>TO BE COMPLETED BY ROCK SOLID FITNESS STAFF</u> *****	
[ ] SCANNED INTO DROPBOX?	[ ] CONTACT LOG ASSIGNED TO CSD?
[ ] IF APPLICABLE, ALL APPOINTMENT	S THAT FALL WITH-IN SUSPENSION ARE CANCELLED
DATE THE CURRENT CYCLE IS PLACED ON A SUSPE	
DATE THE CURRENT CYCLE IS PLACED ON A SUSPE	
DATE THE CURRENT CYCLE IS PLACED ON A SUSPE DATE THE AGREEMENT IS OFF THE SUSPENSION:	NSION:
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