



Request for Cancellation

Monthly Pass Agreement

Today's Date _____

I _____, request that my monthly payment plan for my Evergreen Park & Recreation District pass be discontinued.

_____ I understand that the payments will be discontinued 30 days from this date.

_____ An additional payment will be taken if this request is made after the first of the month.

_____ If I have not made 3 full months of payments, additional payments will be taken to equal 3 months of payments in full, prior to the cancellation of the pass.

_____ Any past due amounts will be collected at the time of the final payment.

Final payment to be charged on _____

Customer Signature _____ Date _____

Customer Printed Name _____

ID# _____

EPRD Representative _____ Date _____

Date of Original Pass Agreement _____