

**Electronic Funds Transfer
Cancellation
For
Gilden Family Chiropractic**

Date ____/____/____

Last Name On Account (printed)_____

First Name On Account (printed) _____

Social Security #: _____ - _____ - _____

Phone #: _____ - _____ - _____

Email: _____

(You will receive an email notice of your completed cancellation request)

Reason for cancellation: _____

(Please be honest this information will help us better serve our clients)

Please stop electronic withdrawal from my checking account for Gilden Family Chiropractic Wellness Education program. I understand that it is my responsibility to notify Gilden Family Chiropractic with in 30 days of final transaction in regards to discrepancies with this cancellation. I am also aware that there may be some cancellation fees accrued according to my original contract and that these charges may transact after the cancellation date. Membership availability will continue until 30 days after the last transaction date.

Signed _____