

# USBA

## B E N E F I T S

### Status Change / Cancellation Request

#### Member Information

\_\_\_\_\_ (Member Name)

\_\_\_\_\_ (ID Number)

New  \_\_\_\_\_ (Address)

\_\_\_\_\_ (City) (State) (Postal/Zip)

New  \_\_\_\_\_ (Phone)

New  \_\_\_\_\_ (Email Address)

#### Plan / Member Change

(Please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Member Signature)

\_\_\_\_\_ (Date)

#### Cancellation Request

(check box if terminating USBA membership)

I understand that I can terminate my membership with USBA at anytime however I will not receive a refund for any month that my membership was active. This is my written request to cancel my USBA membership. My membership will remain active until the end of the current month. I understand that if I have a Bank Draft or Credit Card billing option my cancellation request must be received by the twentieth (20<sup>th</sup>) of the month to cancel and avoid being billed for the following month. I understand that if this request is mailed, the date received by USBA will be considered the date received. If the cancellation request is sent via fax, the date the fax is received will be considered the date received.

\_\_\_\_\_ (Member Signature)

\_\_\_\_\_ (Date)