



## VASA GYM CANCELLATION FORM

To: WSD Payroll/Kellee

Email:kecarpenter@wsd.net

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Name of Employee: \_\_\_\_\_

Date: \_\_\_\_\_ Employee #: \_\_\_\_\_

Please cancel VASA memberships for the

following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the employee canceling? Yes  No

Notes:

EMPLOYEE SIGNATURE: \_\_\_\_\_

\*\*\*VASA REQUIRES 30 DAYS NOTICE TO CANCEL.GYM MEMBERSHIPS ARE  
PAYROLL DEDUCTED ONE MONTH IN ARREARS\*\*\*