



Cosumnes Community Services District Parks and Recreation Department

AUTOPAY DISCONTINUATION FORM

I would like to discontinue the Autopay Membership for _____
for the following program(s): (name of customer)

Swim for Fitness

Preschool

I acknowledge this form must be submitted prior to the end of the month in order to be completely dropped from the Autopay program.

Reason for Discontinuation: _____

By signing this form, I am giving permission to CSD Parks and Recreation Department to discontinue charges to the credit card on file for the Autopay program and customer listed above.

Printed Name _____

Signature _____

Date _____

Form may be submitted at:

Wackford Community & Aquatic Complex – Phone: 916 405-5600 Fax: 916 405-5659
9014 Bruceville Road, Elk Grove, CA 95758

Parks Administration Office – Phone: 916 405-5300 Fax: 916 685-6942
9355 E. Stockton Blvd., Ste. 185, Elk Grove, CA 95624

Office Use Only – Route completed form to CLASS Administrator

Initials: _____ Site Received: _____ Date Received: _____ Date Processed in CLASS: _____