



## PERSONAL CARE PROGRAM(PCP) SUSPENSION FORM

MEMBER NAME				
ASSOCIATE MEMBER NAME (IF APPLICABLE)			TODAY'S DATE	
SELECT REASON FOR HOLD			MEMBERSHIP RATE	
□ VACATION □ FINANCIAL □ TIME □ OTHER*				
*IF OTHER, PLEASE EXPLAIN:			NEXT SCHEDULED WITHDRAWAL DATE	
3 MONTH PERIOD - HOLD BEGINNING DATE	HOLD END DATE	CLIENT INITIALS	EMS STAFF INIT	TALS
A hold on your Personal Care Program is when you have elected to stop automatic monthly withdrawals each month. The hold will go into effect per the information below. The suspension will be AUTOMATICALLY lifted at the end of the term, and ACH drafts will resume.  The following auto pays will be removed from your account, and your credit card/bank account will not be charged:				
1ST MONTH	2ND MONTH			3RD MONTH
I understand that by signing below, I am placing my PCP Membership on hold. I understand this hold applies to all member benefits and specials as well. I also understand that I can only place my membership on hold once a year (12-month cycle).				
MEMBER SIGNATURE				DATE
RECEIVED BY:				DATE
DATE RECEIVED BY EMS EMPLOYEE				INITIALS
DATE ENTERED IN MINDBODY				INITIALS