



Personal Care Program Suspension Form



Member Name			
Associate Member (If applicable)		Today's Date	
Select Reason For Placing Program On Hold <input type="checkbox"/> VACATION <input type="checkbox"/> FINANCIAL <input type="checkbox"/> TIME <input type="checkbox"/> OTHER*		PCP Monthly Rate	
Comments if applicable		Next Scheduled Withdrawal Date	
How Many Months Will You Be On Hold?	Month Of Last Hold Date	Member Initials	EMS Staff Signature

A hold on your Personal Care Program is a period of time in which you have elected to stop automatic monthly withdrawals each month. The hold will go into effect in accordance to the information below.

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.

MEMBER SIGNATURE	DATE
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Effective Massage & Stretch - Austin

Received By:	Date
Date Received By EMS Employee	Initials
Date Entered	Initials
DATE OF BANK NOTIFICATION (for bank ACH Only)	Initials