

EFT Membership FREEZE Authorization

*All freezes must be requested no less than 3 business days before the next scheduled billing date.

I would like to freeze my EFT membership for a period of _____ month(s).

My account will be frozen starting from _____ and will be reactivated on _____.

I understand that by freezing my account, I will not have to pay the monthly membership fee while the account is frozen. As well, by freezing my account, I will have to fulfill the remaining months of my contract upon reactivation. I do understand that I will be charged the amount of _____ upon unfreezing the membership.

Customer Print: _____ I.D. # _____

Customer Signature: _____ Date: _____

EFT Membership CANCELLATION Authorization

*All cancellations must be requested no less than 3 business days before the next scheduled billing date, and only after the contract has been fulfilled.

I would like to cancel my EFT membership- Date of final charge: _____.

I understand that by canceling my EFT membership with versaTan, I will no longer be charged the monthly membership fee, nor will I receive the member's discounts and privileges the membership had to offer.

I also understand that if I choose to re-enroll with the membership at a later date, I would have to pay an additional enrollment fee if it applies.

I have read, understood and agree to be bound by the information, terms and conditions listed above

Customer Print: _____ I.D. # _____

Customer Signature: _____ Date: _____