Sample Freeze Request Form

Date:	Client #:
Name:	
Address:	
City, State, Zip:	
Home Phone: ()	Work Phone: ()
I authorize (<i>Business Name</i>) to deb payment of the monthly membersh The first debit will be	
	Expires:
 up to three (3) months. My freeze time. While exercising the freeze (Business Name) premises. 	ip only one (1) time per term for a maximum of membership will be extended for the amount of option, I must fill out and sign a freeze request on use my membership during my freeze period. essions or other packages.
my membership agreement. I here	, am exercising my freeze option on by request to have my membership frozen from for a total of months. I ebit in the amount of \$ will resume on er notice from (Business Name).
I, be bound by the information, term	, have read, understand and agree to s and conditions stated above.
Signature:	Date: