

# Billing Status Change Request

Name \_\_\_\_\_ Member No \_\_\_\_\_

Phone No: \_\_\_\_\_ Alt No: \_\_\_\_\_

Change Billing to:

Monthly \_\_\_\_\_ Annual \_\_\_\_\_

Change Member Status to:

Single \_\_\_\_\_ Family \_\_\_\_\_ House \_\_\_\_\_

If changed to Family please complete:

<u>Name</u>	<u>Birthday</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Request: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Signature \_\_\_\_\_

<p><u>Office Use Only:</u></p> <p>Approved By: _____</p> <p>Date of Computer Change: _____</p> <p>Initials: _____</p>
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