

## RELOCATION REQUEST PROCEDURE

All relocation requests must include:

- 1) Relocation Request form
- 2) Two Current Forms of documentation to verify new address. Suggestions for documentation are included on the form.
- 3) \$ 39 administrative processing payment by check, money order, or credit/debit card number.

Please include your date of birth, or Member ID number from your membership card so that we are sure we are cancelling the correct member, as we have many members with duplicate names.

Send in your paperwork in a timely manner as relocations are not back dated. Please mail from your new address location to:

***BAC/RAC for Women  
Customer Service  
3157 Eggert Road  
Tonawanda, NY 14150***

We recommend sending your paperwork, **Return Receipt Requested** so that you have confirmation from the postal service that it was received at our credit department location.

For most members, each month's dues payment pays for the previous month. You will likely have one additional payment due after your actual relocation date.

After your paperwork is received you will be sent a bill by mail if there is a balance due.

Written confirmation will be sent to your new address within two weeks. If you do not receive this confirmation, please call Customer Service at 844-808-8790 to verify that your paperwork has been received.

By following the above procedures, your relocation request can be handled quickly and efficiently. If something is missing from your paperwork or we cannot verify your new address you will be notified. The cancellation will not proceed until we receive all the information that is needed and you are responsible for monthly dues until we can complete the relocation procedure. Thank you!

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**BAC/RAC Customer Service**

3157 Eggert Road  
Tonawanda, NY 14150  
Tel: 844-808-8790  
Fax: 716-370-0676

**Relocation Request Form**

In order to cancel your membership for relocation; please provide the requested information via certified mail along with your membership card or key tag and a \$39.00 payment for processing your request.

**You must enclose copies of two (2) forms of documentation showing proof of new address. Listed below are some examples of acceptable documents but not limited to the following:**

- Newly issued driver's license
- Lease Agreement Signed by Lessee and Landlord
- Employment Offer Letter or Pay Stub
- Student Class Schedule or Student Tuition Bill
- Utility Bill

You may submit the \$39.00 payment in the form of a personal check, money order or credit card:

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_

**This form must be mailed from your new destination.**

**NEW RESIDENCE:** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NEW HOME PHONE #:** \_\_\_\_\_

**NEW EMPLOYER NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PREVIOUS EMPLOYER NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DATE YOU ARE LEAVING THE AREA:** \_\_\_\_\_

I understand that all my payments must be made as schedule until my relocation has been established and verified by the BAC/RAC for Women Customer Service department. Please contact our office to determine when your final payment is due.

I also understand that I must move my residence more than twenty-five (25) miles from any health club operated by the seller for twelve (12) months or more.

**Do you have any monthly deductions for Personal Training?** \_\_\_\_\_ Yes \_\_\_\_\_ NO

\_\_\_\_\_  
Print members name

\_\_\_\_\_  
Signature