

## Life Center/ PATH Membership Change Form

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Scan Code: \_\_\_\_\_ Membership #: \_\_\_\_\_

Name Change: \_\_\_\_\_  
*Former Name* *New Name*

Address Change: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email Change: \_\_\_\_\_  
 \_\_\_\_\_

Phone # Change: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Membership Status**

**Change of draft information:**

Depositor's Name: \_\_\_\_\_

Bank Transit Routing #: \_\_\_\_\_ Depositor's Account #: \_\_\_\_\_

I authorize the LIFE CENTER of the Prisma Health System to automatically debit my [ ] checking [ ] savings account for my monthly dues in the amount of \$\_\_\_\_\_. I understand that my monthly dues may increase pursuant to the terms of my membership agreement and I authorize the LIFE CENTER to increase the automatic debit amount after giving me written notice thirty (30) days in advance of the dues increase. It is understood that I may cancel this agreement by providing written notification to the LIFE CENTER thirty (30) days in advance of cancellation. It is further understood that the LIFE CENTER may cancel this agreement by providing written notice to me ten (10) days in advance of the LIFE CENTER'S intent to terminate this agreement.

Signature of Depositor: \_\_\_\_\_  Attached Voided Check

**Upgrade to:**  Family II  Family Plus

**Downgrade to:**  Individual  Family II

*Members cancelled from membership must turn in their membership card.*

List all individuals that will be  added or  deleted from the membership.

New Draft Amount:  
\$ \_\_\_\_\_  
 Effective Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Prisma Health employees must complete an updated payroll deduction form*

Name	Relationship to the Main Member
1.	
2.	
3.	
4.	
5.	
6.	

**I understand that there is a 30 day notice required for changes to take effect.**

Signature of Member: \_\_\_\_\_ Staff Initials: \_\_\_\_\_