

Cancellation of Membership Services

I _____(name), voluntarily wish to discontinue my membership services with Endurance Wellness and Weight Loss, LLC as of _____(date). I understand that all prescribed medications provided to me were intended to be used under strict supervision and direction of the clinic. Therefore, I agree to discontinue the use of any and all medications provided to me while under the care of Endurance Wellness and Weight Loss Clinic.

Shall any concerns or medical conditions arise after my discontinuation of services with the clinic, I will contact and seek treatment per my primary care physician.

This cancellation will also serve as a written termination request for all further credit card transactions per the authorization agreement, effective as dated above.

SIGNATURE

DATE

WITNESS SIGNATURE

DATE

***Important:** Please reference Financial Policies provided during your client intake agreement that outlines payment due prior to or at time of services. Note that all sales are final and refunds are not allowed, but membership services may be revoked at any time without question. Please allow at least 3 business days prior to your monthly billing day for cancellation to be activated to avoid further charges.

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