



# Change Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**TYPE OF CHANGE (fill out autopay form as needed):**

- Address  Contact Information  Membership Level  Cancel/Hold Membership  Discount  
 Payment Type  Payment Date  Payment Account  Cancel Autopay  Hold Autopay

**DETAILS/DESCRIPTION:**

From/Old

To/New

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EFFECTIVE: \_\_\_\_\_

**FOR OFFICE USE**

Payment Adjustments Required: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Change made in Zen Planner: \_\_\_\_\_

By: \_\_\_\_\_