

BELMONT OASIS SWIM SCHOOL

DIRECT DEBIT CANCELLATION FORM

STUDENT NAME/S:

PARENT/GUARDIAN NAME:

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

WHAT IS YOUR REASON FOR WITHDRAWING YOUR MEMBERSHIP?

CAN YOU MAKE ANY SUGGESTIONS FOR HOW WE CAN IMPROVE OUR PROGRAM?

CONDITIONS:

Cancellations require 14 or 30 days' notice depending on your current Direct Debit agreement. Any payments debited within this time are *non-refundable*. Management reserves the right to update the cancellation policy with 14 days' notice.

DATE OF REQUESTED CANCELLATION:

MEMBER SIGNATURE

DATE

FOR OFFICE USE ONLY:

RECEIVED BY:

DATE:

PROCESSED BY:

DATE:

DATE OF NEXT DIRECT DEBIT:

DATE OF FINAL DIRECT DEBIT:

CONFIRMATION EMAIL SENT: