



SWIM SCHOOL Direct Debit Cancellation

Parent/guardian (full name):		
Address:		
Phone Number:		
Wish to cancel my direct debit payments (14 days' notice)		Last lesson on:
Reason for withdrawing:		

For the following student/s: -

Student Details			
	First Name:	Last Name:	Level (if known):
1. Student			
2. Student			
3. Student			
4. Student			

*This is my written notification of cancellation. I understand that this form must be submitted with **14 days' notice and the City is not obliged to refund any portion of fees for direct debits that have already occurred** as stated in the City of Gosnells Swim School Terms and Conditions
Cancellations are not available for "fixed term bookings ie Kidsport enrolments of Swim School holiday programs.*

Parent / Guardian Signature:	
Date:	

OFFICE USE ONLY			
Received Date:		Received By:	
Processed Date:		Processed By:	
ECM Document Number			