



## Membership Cancellation Form

OFFICE USE ONLY

ECM No:

I, (Full Name) \_\_\_\_\_

**Membership Type** ☐ Full Centre ☐ Aquatic ☐ Fitness

**Reason:** *Please provide*

☐ Financial ☐ Medical ☐ Personal ☐ Other \_\_\_\_\_

### \* Ongoing (Direct Debit) Membership:

☐ Wish to **cancel** my membership and direct debit payments effective (date):  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

I understand this form must be **submitted within 3 working days prior to the next scheduled drawing date** as stated in the Customer Direct Debit Service Agreement.

**OR**

### \* Upfront Membership (3 or 12 Months only):

☐ Wish to **cancel** my membership effective (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I request the balance from the unused portion of my membership to be refunded to the following bank account:

Bank: \_\_\_\_\_ Account Holder Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

**# REFUND ONLY APPLICABLE TO UPFRONT MEMBERSHIPS**

**Signature:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Office Use Only

Received (date):		CSO:	
Processed (date):		CSO:	