

DIRECT DEBIT CANCELLATION REQUEST

Request Details <small>* Indicates Mandatory Field</small>			
*Account Holders Name		Customer Number (if known)	
<input type="checkbox"/> Cancel all my direct debit	Last Direct Debit Date: / / (dd/mm/yyyy)		
*Customer Name	* Class Level	* Class Day & Time	* Last Lesson Date^{†‡}
<p>[†] All UQ Sport enrolments are paid in advance, customers listed above will remain enrolled in the program for 28days from date of cancelation request [‡] Customers are required to give 28 days' notice prior to their last lesson and complete a minimum of one payment prior to cancelling</p>			
*Reason for cancelling			
Cancellation Authority			
Signature		Date: / / (dd/mm/yyyy)	

Forms must be handed into the UQ Aquatic Centre or emailed to – swimschool@uqsport.com.au

Office Use Only				
Customer Number	Payment Made	Last Direct Debit Date	Last Class Date	2 nd /3 rd Price Checked
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
Cancellation Request is Approved by Centre		<input type="checkbox"/>	Customer Emailed	
Request Processed By			Request Processed	
Outstanding Credit -				