

DIRECT DEBIT CANCELLATION REQUEST

Request Details * Indicates Mandatory Field										
*Account Holders Name					Customer Numb (if known)			er		
□ Cancel all my direct d		ebit	Last Direct Del	oit Date: / /			1		(dd/mm/yyyy)	
*Customer Name * C		* Cla	lass Level		* Class Day & Time			* Last Lesson Date ^{†‡}		
[†] 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										
*Reason for cancelling										
Cancellation Authority										
Signature				Date:	1		1		(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						
Cancellation Request is Approved by Centre										
Request Processed By		Request	Processed							
Outstanding Credit -										