



Direct Debit Cancellation Form

**Please complete in Block Capitals**

**Swimmers Name**

.....

**Class Name: (I.e. Beginners /Breaststroke)** .....

**Day:** ..... **Time:**.....

**Membership ID Number:**

.....

**Current Address:**

.....

.....

**Notice given by the 14<sup>th</sup> Y/N Membership to end 30<sup>th</sup>/31<sup>st</sup>.....**

*(As per our T&C's we accept cancellations up to and including the 14<sup>th</sup> of the month to cease Membership at the end of that month, cancellation forms received from the 14<sup>th</sup> onwards will be cancelled at the end of the following month. I.E Cancellation form received 14<sup>th</sup> Sept – Membership will cease 30<sup>th</sup> Sept, cancellation form received after 14<sup>th</sup> Sept – Membership ceases 31<sup>st</sup> Oct)*

Please can you give an explanation for the reason you are cancelling your lessons at Shirley Swimming Pool. Your feedback will be appreciated.

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**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reception Admin only:** *(Circle once completed)*

Staff Member received by ..... Date .....

Removed from Schedule – **Y / N**    Noted on Acc **Y / N**    Removed from Swim Safe    **Y / N**

Removed from Infusion Soft    **Y / N**

**Management only:**

DD cancelled – **Y / N**    Signature once completed .....    Date.....