



Once a member of staff has received this and signed. Please take a photo of the form for your own records!

Direct Debit Cancellation Form

Please complete in Block Capitals

Swimmers Name

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

Day:Time:.....

Membership ID: (Ask member of staff or check your membership card)

Current Address:

.....

.....

Notice given by the 14th of the month? Y / N – If after, you will have one further payment to make.

Your membership will cease at the end of (enter month)

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

Please do NOT cancel your Direct Debit, we shall do this for you. If you have handed this form in past the 14th, you will have one further payment to make

Please can you explain 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 Deleted their row on the Badge Spreadsheet

Y / N Removed from Infusion Soft Y / N

Management only:

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