



AQUAMOVES

Direct Debit Membership Cancellation Form

Membership number: *(staff use only)* _____ Date of Birth: _____

Given Name: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Contact Phone: _____ (A/H): _____ (B/H)

(Mobile) _____

Membership start date: _____

Date of Cancellation: _____

Please note: As per the membership terms and conditions the customer must give Aquamoves 14 days' notice of cancellation. Direct debits will continue until 14 days after the signed cancellation form is received.

Reason for cancellation: (please tick one)

<input type="checkbox"/>	Relocation
<input type="checkbox"/>	New job

<input type="checkbox"/>	Medical
<input type="checkbox"/>	Not using

<input type="checkbox"/>	Cost
<input type="checkbox"/>	Service*

<input type="checkbox"/>	Travel
<input type="checkbox"/>	Other*

If the reason for cancelling was due to service or other reason please specify why:

My final debit is on _____ for the amount of \$ _____

Customer Signature: _____ Date: _____

Receptionist on Duty: _____

Privacy Statement

The information contained in this document is collected to provide contact information for individuals, wishing to utilise Aquamoves facilities. This information may be disclosed to other areas of Aquamoves, Council or third parties should contact be necessary regarding an issue with memberships or use of the facility, and in accordance of the Information Privacy Act.

OFFICE USE ONLY:

Date: _____

Customer Service Staff Member: _____

Membership cancelled on Links: Yes