

Direct Debit Cancellation Request Form

Family ID No.

Full Name

Address

Cancellation Of Direct Debit

I the undersigned, hereby request Glen Osmond Swimming School Pty Ltd to stop the Direct Debit, which I previously authorised for my Membership Details specified above.

Effective from the last day of _____

All cancellations take effect at the end of the month.

Customer Signature: _____

Date: _____

Please return the completed form to one of our Customer Service Officers at the swim school OR scan and email to bookings@glenosmond.stateswim.net

