

DIRECT DEBIT MEMBERSHIP Cancellation form

Full Name: _____

Email address: _____

Membership cancellation date: _____

I understand that I am providing 7 days' notice of cancellation of my membership and that if there is a payment due within 7 days of the cancellation date, I am expected to pay. I understand that by cancelling my membership I will no longer have access to the Gym or Squash facilities within Club Kelburn. I acknowledge that cancellation will also terminate the Direct Debit Authority held by Debitsuccess and if I decide to re-join via Direct Debit I will need to pay the 4 weeks upfront payment again. By signing below you agree with these terms.

Signed: _____

Date: ___ / ___ / ___

I am cancelling my membership because:

- I am leaving the University
- I am joining another gym in Wellington
- I am unsatisfied with the facilities
- I am moving out of Wellington
- I am suffering from financial hardship
- Other (please specify)

Office Use Only: Complete once form is entered into Debitsuccess self-service kiosk

Staff processed: _____

Date: ___ / ___ / ___

