

Direct Debit Cancellation Request Form

Family ID No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

Cancellation Of Direct Debit

I the undersigned, hereby request Seaford 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@seaford.stateswim.net

