



Direct Debit Amendments Form

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK/BLUE INK!

Primary User's ID:

Primary User's First Name:

Primary User's Last Name:

Do you wish to: **Cancel:** High Life Health Suite Both

Add: High Life Health Suite

Payment: £

*** IF YOU ARE CANCELLING PLEASE READ & COMPLETE FORM - IF YOU ARE ADDING JUST SIGN! ***

I wish for the direct debit of the above account to be amended / cancelled. The direct debit will be adjusted or cancelled accordingly. I understand if this form is received by the 14th of the current month no further subscriptions will be due for payment. However, should this form be received on or after the 15th of the current month, I understand one month's subscription may be due for payment which would entitle the cancelled user(s) on this form to continue using the facilities

Which area of the building did you use most frequently?

Leisure Waters Health Suite Gym Climbing Wall

Competition Pool Swimming Lessons Dance Studio Kidz Activities

Please detail reasons below for leaving our Direct Debit Scheme:

By cancelling our Direct Debit Scheme you will remain as a pay as you go user on the system and will continue to use your cards. However if you are leaving the area completely then you will need to send in your cards to us at your earliest convenience.

I understand the final subscription will be collected by direct debit wherever possible otherwise an invoice will be raised

Signature: Date: / /

DATA PROTECTION - Any personal details you provide on this application form will be used for single purpose of administering your account, the information is held in compliance with the Data Protection Act 1998

Completion By Receptionist:

Plus 2 No:

Signature: Date: / /

Added To Reconciliation: / /

Scanned : / /

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