

CHANGE BANK ACCOUNT FORM

DIRECT DEBIT

Unigym Membership Fees



LOCATION

<input type="checkbox"/> Hobart	<input type="checkbox"/> Launceston
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PERSONAL DETAILS

Name	Surname
Membership No.	

MEMBER ACKNOWLEDGEMENT OF TERMS & CONDITIONS

<input type="checkbox"/> I confirm that the bank details below are correct.
<input type="checkbox"/> I understand that changes will be effective from the 15th of the current month.
<input type="checkbox"/> I understand that if notification is given after the 10th of the month, changes will not occur until the 15th of the following month and that additional deductions may occur.
<input type="checkbox"/> I will ensure there is enough money in the account to cover my monthly Unigym payment on the 15th of each month.
<input type="checkbox"/> I will notify Unigym of new bank details if the below details become inactive.

BANK DETAILS

Bank Name		Branch Name	
Bank BSB		Account No	
Account Name			

Full Name	Signature
Email	Date

UNIGYM STAFF AUTHORISATION

STAFF NAME	INITIAL	DATE
APPROVAL BY TEAM LEADER	INITIAL	DATE

