

CANCELLATION FORM

DIRECT DEBIT



LOCATION

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

Name	Surname
Membership No.	

TERMS

I understand

Conditions

- Unigym must receive this form with a minimum of 30 days notice to cancel this membership.
- Access to the Unigym will strictly cease 30 days from the date of this notification or the date up to which you have paid.

Payments

- I acknowledge that if it is after the 10th of the month, I will still be liable for the current month's membership payment taken out on 15th of the month.
- I acknowledge that I will be liable to pay a cancellation fee of \$35 (at the time of cancellation) if my membership period has been less than 12 months.
- I acknowledge that I will be liable to pay any outstanding amounts owing to Unigym or the amount for any Unigym Activities supplied but not yet paid for.
- I acknowledge that if I wish to recommence my membership I will be charged a \$75 establishment fee to cover administration.

REASONS FOR CANCELLATION

To help us continually improve our services please tick the box that best explains your reason/s for cancellation:

Not enough time Joining another fitness centre Too many members Hours of operation

Inadequate facilities/services Do not like the atmosphere Other _____

Full Name	Signature
Email	Date

UNIGYM STAFF AUTHORISATION

MEMBERSHIP UNDER 12 MONTHS - \$35 CANCELLATION FEE RECEIVED

MEMBERSHIP OVER 12 MONTHS - NO FEE REQUIRED

STAFF NAME	INITIAL	DATE
APPROVAL BY TEAM LEADER	INITIAL	DATE

