

DEBIT/CREDIT CARD REFUND



LOCATION

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

Surname	First name
Membership No.	

REASON FOR REFUND

<input type="checkbox"/> I acknowledge that the following amount will be refunded back onto my Credit/Debit card \$ _____	
Full Name	
Signature	Date
Email	

UNIGYM STAFF AUTHORISATION

Team Leader has authorised and performed the card refund transaction

STAFF NAME	INITIAL	DATE
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Notified member of successful transaction

Entered in POS in Links

STAFF NAME	INITIAL	DATE
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Locked Bag 61 **HOBART** TAS 7001
T. 03 6226 2084 F. 03 6226 7896 E. hobart@unigym.com.au

Locked Bag 1328 **LAUNCESTON** TAS 7250
T. 03 6324 3092 F. 03 6324 3042 E. launceston@unigym.com.au

Type of card (Mastercard/Visa/AMEX/Diners Club)	
Card Number	
Expiry	
Card holders name	Signature

IMPORTANT: UNIGYM STAFF TO CUT-OFF BANK CARD DETAILS AND SHRED AFTER TRANSACTION IS COMPLETED.