



CANCELLATION FORM

SALARY SACRIFICE

EMPLOYER PAYMENT OF UNIGYM MEMBERSHIP FEES



Locked Bag 1328
LAUNCESTON TAS 7250
Tel: 03 6324 3092
Fax: 03 6324 3042

Locked Bag 61
HOBART TAS 7000
Tel: 03 6226 2084
Fax: 03 6226 7896

Location (please tick appropriate box)

Hobart (GYMHS)

Launceston (GYMLS)

Name of Member _____

UTAS STAFF ID card no. _____ Unigym Member Number _____

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.

Payments

- I acknowledge that my payroll deductions will cease from the next available pay date.
- I realise that it may be too late to cease a deduction already in the pay system prior to the pay day.
- 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 if I wish to recommence my membership I will be charged a \$75 establishment fee to cover administration.
- The establishment fee will be waived if I purchase a new membership within 45 days from the date of this notice.

Full Name _____ Signature _____

Email Address _____ @utas.edu.au Date ____/____/____

Unigym Staff Authorisation

Membership UNDER 12 months - \$35 cancellation fee received

Staff Name _____ Initial _____

Dated: ____/____/____