

Direct Debit Cancellation & Family Credit Application Form

SECTION A: Responsible Person Details		
Title:	*First Name(s):	*Surname:
*Home Address:		
*Suburb:		*Postcode:
Home Phone:		*Mobile:
*Email:		
SECTION B: Student Details (only include students you wish to cancel)		
Student 1	*First Name:	*Surname:
*Lesson Cease Date:		
Student 2	*First Name:	*Surname:
*Lesson Cease Date:		
Student 3	*First Name:	*Surname:
*Lesson Cease Date:		
SECTION C: Application Type		
<input type="checkbox"/> Direct Debit Cancellation <input type="checkbox"/> Family Credit Application <input type="checkbox"/> Refund – please attach all original receipts or a copy of your bank statement as proof of payment. Please note, if approved, refunds can take up to 2 weeks to be processed.		
SECTION D: Application Reason		
<input type="checkbox"/> Not re-enrolling in lessons (Direct debit cancellation only) <input type="checkbox"/> Illness/injury – Doctor’s certificate required for all medical considerations. Dates need to reflect the number of classes missed. <input type="checkbox"/> Relocation – Proof of relocation required if moving out of the area. <input type="checkbox"/> Alternatively, provide your reasoning in writing to management for approval.		
Family Credit/Refund application amount (In \$):		
Name:	Date:	Signature:

SECTION E: Account Details for Refund

Credit/Debit Card Details:

Name on Card:

Card No:

Exp:

CCV:

Bank Account Details:

Bank Name:

Branch:

Account Name:

BSB Number:

Account Number:

Office use only

Date received: / /

Received by:

Signature:

Additional notes:

Date completed: / /

Completed by:

Signature: