



Change of Payment Details - (CPD)

SURNAME: _____ FIRST NAME: _____

CHILDS NAME / STUDENT NAME (If applicable) : _____

AS PER THE PEOPLE HUB SERVICE AGREEMENT YOU MAY CANCEL OR DEFER YOUR DIRECT DEBIT REQUEST AT ANYTIME BY PROVIDING AT LEAST 14 DAYS NOTIFICATION.

I WISH TO (Please tick one) :

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- DEFER MY PAYMENTS FROM - DATES: _____ TO _____ (INCLUSIVE)
- CANCEL / STOP PAYMENTS FROM MY ACCOUNT
- PLACE ON HOLD – UNTIL FURTHER NOTICE (NO FEE APPLIES)
- TRANSFER MY GYM MEMBERSHIP TO ANOTHER PERSON
- REACTIVATE MY MEMBERSHIP
-

Please tick a reason for your change in payment request – (Please tick one)

- Injury Hardship
- Holidays Lost Interest
- Moving Away Personal
- Other: _____
- PERSON TO RECEIVE GYM MEMBERSHIP: _____

Account Holder's Signature : _____ Date : _____

Contact By: Phone Email In Person

OFFICE USE ONLY : Customer I.D. _____

PROCESSED DATE : _____

Has 14 days notice been given for Cancel/Stop Payment Accounts : Yes / No