

The Oasis Regional Aquatic Centre

Oasis Swim School

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: Reason For Cancellation		
<input type="checkbox"/> Direct debit Cancellation - Include reason <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"/> Hospitalisation – 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"/> Other – include reason:		
Amount of that you are applying for: \$ Are you applying for a: <input type="checkbox"/> Family Credit <input type="checkbox"/> Refund – please attach all original receipts or a copy of your bank statement as proof of payment. Please note all refunds can take up to 2 weeks to be processed. PTO to complete bank details form.		
Name:	Date: / /	Signature:

SECTION D: Bank Details for Refund to be Deposited into (no credit accounts accepted)

Bank Name:	Branch:
Account Name:	
BSB Number:	Account Number:

OFFICE USE ONLY

Date of Approval: / /	Manager's Name:
Manager's Signature:	
Additional notes:	
Date received: / /	Receiving staff members name:
Forwarded to Learn to Swim Team Leader (Signed):	