

I, _____, hereby authorise the following changes to be made to my membership and, if applicable, my existing contract with DebitSuccess, and I understand that changes to my direct debit payments will only be implemented prior to the next debit date if received at least 3 working days prior to that date.

Signature: _____ Date: _____ / _____ / _____

 SUSPENSIONS (Standard: min 2 weeks – max 8 weeks | Medical: min 5 days – max 3 months)

Start Date: _____ / _____ / _____ Planned Date of Return to LLC: _____ / _____ / _____

Reason: Holiday Medical (min: 5 days – max: 3 months) Other: _____

Payment: \$22 Fee Paid \$0 - Medical Cert. Attached \$0 - Senior's Suspension (max 1 per membership)

 UPDATED BANK ACCOUNT DETAILS

Financial Institution Name: _____

Account Name (name of account holder): _____

BSB: _____ Account Number: _____

 UPDATED CREDIT CARD DETAILS

Card Type: MasterCard Visa Name on Card: _____

Credit Card Number: _____ Card Expiry: _____ / _____

 MEMBERSHIP UPGRADE / DOWNGRADE / CHANGE OF MEMBERSHIP TYPE REQUEST

Current Membership:	<input type="checkbox"/> Aquatic Only	<input type="checkbox"/> Gym Only	<input type="checkbox"/> G/F Only	<input type="checkbox"/> Full Access
	<input type="checkbox"/> Concession / RAC	<input type="checkbox"/> Aquatic + Gym	<input type="checkbox"/> Aquatic + G/F	<input type="checkbox"/> Gym + G/F
Desired Membership:	<input type="checkbox"/> Aquatic Only	<input type="checkbox"/> Gym Only	<input type="checkbox"/> G/F Only	<input type="checkbox"/> Full Access
	<input type="checkbox"/> Concession / RAC	<input type="checkbox"/> Aquatic + Gym	<input type="checkbox"/> Aquatic + G/F	<input type="checkbox"/> Gym + G/F

UPGRADES:

For Direct Debit Memberships your fortnightly instalment amount will be amended to the amount below. For Upfront Memberships you will be notified of the upgrade price once processed, to be paid at reception.

DOWNGRADES:

No monetary refund will be given and Direct Debit instalment amounts will not be reduced. Instead, bonus days equivalent to the difference in value, will be added to the remaining time of the membership.

Please allow up to 14 business days for processing.

New Fortnightly Instalment Amount (Direct Debit Upgrades Only): \$ _____ (LLC Staff to complete)

DebitSuccess Variation Form Signed (for any DD upgrade / downgrade / change of type)

 CHANGE OF PERSONAL DETAILS

Old Name: _____ New Name: _____

New Email: _____

New Address: _____

New Phone: (m) _____ (other) _____

 RECEPTION USE ONLY

Received by (CSO): _____ Date Received: _____ / _____ / _____

Fee Charged for Action: \$ _____ or N/A Receipt No: _____

Variation form signed and attached? Yes or N/A (for any DD upgrade / downgrade / change of type)

FOR ADMIN USE ONLY

Date Actioned: ____/____/____

Name: _____ Links ID: _____ DS Ref: LLCE _____

New Expiry Date updated on Links (suspensions only): _____ Staff initials: _____ or N/A

New Expiry Date: ____/____/____

Membership calculation completed: _____ Staff initials: _____ or N/A

Membership calculation checked: _____ Staff initials: _____ or N/A

DebitSuccess System updated: _____ Staff initials: _____ or N/A

Direct debit payments spread sheet updated: _____ Staff initials: _____ or N/A

Copy taken for Journal: _____ Staff initials: _____ or N/A

Details / Membership type updated on Links: _____ Staff initials: _____ or N/A

New Membership tag issued: _____ Staff initials: _____ or N/A

Early Return Date: ____/____/____