

Cancellation of Direct Debit

Please cancel the monthly direct debit to my **credit card/bank account** *(please delete one)*
effective from: ____ / ____ / ____ *(date)*

Full name of student(s) this authority relates to:

Reason for Cancellation:

Account/Card Holder's Signature: _____ / / *(date)*

At Carlile Swimming we strive to provide a consistent and market leading service to our customers. To ensure we continue to provide this service we welcome any feedback you may have in relation to your experiences with us.

Comments:

Thank you for swimming with Carlile Swimming.