

DIRECT DEBIT MEMBERSHIP CHANGE OF DETAILS REQUEST

BANK ACCOUNT DETAILS

Complete if deductions are to be taken from nominated bank account.

Bank Name		Branch Name	
BSB Number	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right; font-size: small;">six digits required</div>		
Name(s) in which account is held			
Account Number			

CUSTOMER SURNAME	CUSTOMER GIVEN NAMES

POSTAL ADDRESS FOR ACCOUNT	
POSTCODE	

CONTACT NUMBER		
PH (BH)	PH (AH)	MOB

To Latrobe Leisure Facilities,

Please change my Direct Debit Membership details with Latrobe Leisure.

- ☐ I understand that this Direct Debit membership is governed by the terms of the Direct Debit Service Contract which I agreed to at the time of joining.
- ☐ I wish to change/update my Bank account details as outlined above.
- ☐ I wish to change my membership type as outlined below. Fees/Charges apply.
- ☐ I request the above changes be effective from ____/____/____

CHANGE OF MEMBERSHIP TYPE

NEW OPTION (Please write your choice)

CUSTOMER SIGNATURE (both signatures if joint account)	DATE

OFFICE USE ONLY

DATE FORM RECEIVED	RECEIVED BY (Print Name)	STAFF SIGNATURE
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MONTH YEAR </div>		

MEMBERSHIP START DATE	DATE PROCESSED IN LINKS	PROCESSED BY (Print Name)	STAFF SIGNATURE
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MONTH YEAR </div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MONTH YEAR </div>		

DIRECT DEBIT MEMBERSHIP CHANGE OF DETAILS REQUEST

CREDIT CARD DETAILS

Complete if deductions are to be taken from nominated bank account.

Name & Address of Financial Institution where account is held		Card Type (Circle)	VISA MASTERCARD
Card Number	_____ / _____ / _____ / _____		
Name(s) As appears on card			
EXPIRY	____ / ____ <div style="float: right; font-size: small;">Note: Original Credit Card must be sighted to verify details provided are correct.</div>		

CUSTOMER SURNAME
CUSTOMER GIVEN NAMES

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POSTAL ADDRESS FOR ACCOUNT

POSTCODE

CONTACT NUMBER

PH (BH)	PH (AH)	MOB
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CHANGE OF MEMBERSHIP TYPE

NEW OPTION (Please write your choice)

CUSTOMER SIGNATURE (both signatures if joint account)
DATE

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OFFICE USE ONLY

DATE FORM RECEIVED	RECEIVED BY (Print name)	STAFF SIGNATURE
/ /		

☐ Original Credit Card sighted and details verified by:

Signature:

MEMBERSHIP START DATE	DATE PROCESSED IN LINKS	PROCESSED BY (Print Name)	STAFF SIGNATURE
/ /	/ /		

☐ DETAILS HAVE BEEN RECORDED IN LINKS AND CREDIT CARD NUMBERS OBSCURED

Date:

Staff Name:

Signature