

Cancellation 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: Application Type

- ☐ Direct Debit Cancellation – Cancellation forms must be submitted **by COB Tuesday** before the **fortnightly Thursday debit**. Late submissions cannot be processed in time and will not be eligible for a refund.
- ☐ Refund – please attach all original receipts or a copy of your bank statement as proof of payment. Please note, if approved, refunds can take up to 2 weeks to be processed.

SECTION D: Application Reason

- ☐ Not re-enrolling in lessons (Direct debit cancellation only)
- ☐ Illness/injury – A doctor's note is required. Refunds apply only for 3 or more missed lessons with corresponding dates.
- ☐ Relocation – Proof of relocation required if moving out of the area.
- ☐ Alternatively, provide your reasoning in writing to management for approval.

Refund application amount (In \$):

Name:	Date:	Signature:
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SECTION E: Account Details for Refund

Credit/Debit Card Details:		
Name on Card:		Card No:
Exp:		CCV:
Bank Account Details:		
Bank Name:		Branch:
Account Name:		
BSB Number:		Account Number:
Office use only		
Date received: / /	Received by:	Signature:
Additional notes:		
Date completed: / /	Completed by:	Signature: