



Change of Payment Details - (CPD)

SURNAME: _____ FIRST NAME: _____

Membership Type

Karate 4 Kids

Town /Class

CHILDS NAME / STUDENT NAME (If applicable) : _____

AS PER THE PEOPLE HUB SERVICE AGREEMENT YOU MAY CANCEL OR DEFER YOUR DIRECT DEBIT REQUEST AT ANYTIME BY PROVIDING AT LEAST 14 DAYS NOTIFICATION.

I WISH TO (Please tick one) :

DEFER MY PAYMENTS FROM - DATES: _____ TO _____ (INCLUSIVE)

CANCEL / STOP PAYMENTS FROM MY ACCOUNT

PLACE ON HOLD – UNTIL FURTHER NOTICE (NO FEE APPLIES)

TRANSFER MY MEMBERSHIP TO ANOTHER PERSON

REACTIVATE MY MEMBERSHIP

Please tick a reason for your change in payment request – (Please tick one)

Injury

Hardship

Holidays

Lost Interest

Moving Away

Personal

Other: _____

PERSON TO RECEIVE MEMBERSHIP: _____

Account Holder's Signature : _____ Date : _____

Contact By:

Phone

Email

In Person

OFFICE USE ONLY : Customer I.D. _____

PROCESSED DATE : _____

Has 14 days notice been given for Cancel/Stop Payment Accounts : Yes / No