Membership Form

Direct Debit Agreement





Note: All information provided to Council is strictly confidential. Please complete this form and return in person to any of the Council's Swim Centres.

| Member Information | Membership Details | |
|--|--|---|
| First Name | Membership Plan | Contract Duration |
| | Swim School | No Contract |
| Last Name | Aquatic Membership | 6 Month |
| | Wellness Membership | 12 Month |
| Street Address | Full Access Membership | |
| Suburb State Postcode | Application Declaration I/we authorise and request Cumberland City Council, until further notice in writing, to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the Financial Institution | |
| Date of Birth Telephone | identified above as instructed by me or authorised to be debited in accord | /us or any other amounts as instructed dance with the terms and conditions of (DDR) as amended from time to time. |
| Email Emergency Contact Name | so. By signing this DDR, I/We acknow | action arising from my/our not doing |
| Emergency Contact Telephone | I/we understand that direct debit me to cancellation policy and procedure | emberships continue indefinitely – refer on the reverse of this agreement. |
| Payment Option 1 – Bank Account Details Name of Financial Institution Name of Account Holder (exactly as on account) | payment falls on a day other than a be debited from your account on the | and conditions set |
| | Signature | Date |
| BSB Number | SIGN HERE | |
| Account Number Payment Option 2 – Credit Card Details | Membership Acknowledgement Participation in activities at or organi Swim Centres (CCCSC) is at your risk the CCCSC or involved in an activity | . When you are (your child/ward is) at |
| Please indicate with X: Visa Mastercard | approved or endorsed by Cumberlar | nd City Council such involvement is at against Council for any personal injury |
| Name of Card Holder (as it appears on the card) | | nformation provided and completed on |
| Card Number | Members Name | |
| Expiry Date CVC | Signature | Date |
| | SIGN HERE | |