

Take Shape Health & Fitness
728 Heidelberg RD
Alphington, 3078



Suspension of Direct Debit Contract

Dear Take Shape,

I would like to suspend my direct Debit Contract as of:

Date*: Monday ___ of _____ to, Sunday ___ of _____

The total number of weeks is* ____

The reason for my suspension is:

Terms as per contract

Suspension is for a maximum 4 weeks, unless by prior arrangement with Take Shape

Suspensions run from a Monday to Sunday, and are a minimum of 1 week

Kind Regards

Signed

Print Name:

Address:

