

2025 Direct Debit Agreement

Gymnast's Details

First Name _____ Family Name _____

Squad: _____

Invoice number _____

Receipts will be issued immediately following payment.

All annual fees (GNSW Insurance & Club Membership) must be paid prior to the first lesson of the year.

All failed payments will incur a \$5 administration fee.

Any fees outstanding for 60 days will result in the cancellation of membership and the employment of a collection agency.

Payment Schedule

Payments will occur every Monday, unless you specify otherwise.

Your annual fees will be charged prior to the first class of the year.

If you are changing training hours for your payment schedule, please notify the Manager to ensure that fees are amended accordingly.

If you have an Active Kids Voucher, please email the voucher to info@bunneronggym.com.au for the \$50 to be deducted from your payment schedule.

If you wish to pause your enrollment, please give us two weeks' notice.

Alternatively, you can choose to pay upfront.

Refund

Non-attendance does not qualify for a refund or credit.

Cancellation — if a class is cancelled by the club, a make-up class will be offered. If the make-up class cannot be held, a pro-rata adjusted credit of term fees will be made to your account.

Illness — credit or refund may be applied for in writing to the Manager if illness extends 2 or more weeks. Any such claim must be accompanied by a medical certificate.

Injury — Credit or refund may be applied for in writing to the Manager if injury extends 2 or more weeks. Any such claim must be accompanied by a medical certificate. The gymnast will need to pass a fitness test by their coach prior to returning to training.

Voluntary withdrawal — should the member decide not to continue to the end of the term, the member will incur a 2 weeks cancellation period from the date of notifying the club administration. Gymnastics NSW Affiliation is non-refundable.

PAYMENT OPTIONS

Credit Card: Please fill out your credit card details below to be charged each week and email this form back to info@bunnerongym.com.au.

I authorise you to debit my Visa card/Mastercard weekly according to my child's gymnastics training hours listed in the above invoice number.

Name on Card:	Card No:
Expiry Date:	Verification Code:
Signature:	Date: