

CHANGE OF DETAILS



PLEASE RETURN COMPLETED FORM TO YOUR HOME CLUB:

BONDI JUNCTION - E: MEMBERSUPPORT.BJ@ELIXR.COM.AU - A: LEVEL 2, 9 BRONTE ROAD, BONDI JUNCTION NSW 2022

BLIGH STREET - E: MEMBERCARE.BS@ELIXR.COM.AU - A: 2A BLIGH STREET, SYDNEY NSW 2000

OFFICE USE ONLY - EXCHANGE ID

• Personal Details:

Home Club: Bondi Junction Bligh Street

Membership No:

First Name:

Surname:

Do you want to update details for a Family Add On membership? Yes No

Full Name(s):

Do you want to update details for a Swim School membership? Yes No

Full Name(s):

• Change to Contact Details:

New Address: Street:

Suburb: Postcode:

New Contact Mobile:

Number(s): Other:

New Email:

New Emergency Full Name:

Contact Details: Phone Number:

Member Signature DD / MM / YYYY
Date

• Change of Name:

New Name:

Reason:

Supporting Documentation Attached?: Yes No

Please Note: Documentation is required before your request can be processed.
(e.g. Marriage Certificate, NSW Change of Name Certificate or Driver Licence)

Member Signature DD / MM / YYYY
Date

• Change of Details Terms and Conditions:

1. This form must be signed by the membership owner and/or account/card holder before change of details can be processed.
2. Where both billing details are supplied on this form, Bank Account details will be used by default.
3. Supporting documentation is required when requesting to changing your name.
4. Requests to change membership details have a 72 hour processing time.

• OFFICE USE ONLY:

COD261021

Received By:

Date Received: DD / MM / YYYY

Supporting Docs: Yes No

Approved By:

Date Processed: DD / MM / YYYY

Notification: Yes No

• Change to Billing Details:

(please choose only one of the options below)

1. Bank Account

Name of Account Owner:

Bank Name:

BSB Number:

Account No:

Account Type: Cheque Savings

2. Credit Card

Type of Card: MasterCard Visa

Name on Card:

Card Number:

Expiry Date: MM / YY

Credit Card Fee: 1.04% per fortnight

I authorise Elixr Health Clubs to debit fortnightly payments from my nominated bank account / credit card to the full value of payments due under my Membership Agreement and any other Membership agreement joint to my account. I acknowledge that this authority may not be cancelled prior to the expiry date of the minimum period of my Agreement. Payments made by credit card will attract a credit card processing fee.

Account / Card Holder Signature DD / MM / YYYY
Date

• Additional Information:

