

CHANGE OF DETAILS



Once completed, please return printed form to your home club:

Bondi Junction Level 2, 9 Bronte Road, Bondi Junction NSW 2022 E: admin.bj@elixr.com.au

Bligh Street 2A Bligh Street, Sydney NSW 2000 E: membercare.bs@elixr.com.au

Office Use Only - Ex 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:

New Contact

Number(s):

New Email:

Member Signature _____ 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 _____ Date _____

• Additional Information:

• **Conditions for Change of Details:** 1. This form must be signed by the membership owner and/or account/card holder before details can be changed.
2. Request to change membership details have a 72 hour processing time.

• Office Use Only:

Received By: Date Received: Supporting Docs: Yes No

Approved By: Date Processed: Notification: Yes No 170519

• Change to Billing Details:

(please choose 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: /

Credit Card Fee:

I authorise Elixir 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 _____ Date _____