CHAMPS BOXING ACADEMY / KLOOF BOXING GYM
Debit Order Cancellation Form

Member Details

Full Name: _____

ID Number: _____

Contact Number: _____

Email: _____

Debit Order Details

Bank Name: _____

Account Holder: _____

Account Number: _____

Debit Order Amount: R _____

Cancellation Request

I, the undersigned, hereby request the cancellation of my debit order with Champs Boxing Academy or Kloof Boxing Gym, effective from: ___ / ___ / _____.

I understand that:

1. This cancellation does not cancel my membership agreement and that all outstanding amounts remain payable.
2. It is my responsibility to arrange alternative payment of fees due.

Member Signature: _____ Date: ___ / ___ / _____