

Date

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## **Amendment Form**

(Any changes to payment amounts must be accompanied by a new Quickpay Direct Debit Request form)

Member Number	INVI	
Member Name		
Contact Number		
Change of Account Details		
Account Name		
Bank Account	Bank:	
	BSB Number:	
	Account Number:	
Credit Card	MasterCard / Visa / Diners / Amo	ex (PLEASE CIRCLE)
	Card Number:	
	Expiry date:	
Cardholders Signature	• •	
Suspension		
Date of suspension start		
Date of suspension to en	d	
Reason for suspension	-	
Suspension Fee		
Signature		
Cancellation		
Cancel Contract as at		
Reason for cancellation		
Cancellation Fee		
Signature		
Other		
Signature		
Office Use Only:		
		s / No Initials:
Amendment entered onto Quickpay		s / No Initials:
Record on Weekly Management Report Yes / No Initia		s / No Initials: