

## Physioinfo DEBIT ORDER CANCELLATION REQUEST

FAX REQUEST TO:	(011) 781-3941 or email to: ddruzynski@gmail.com
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Client name		Date of request	
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I hereby notify **Physioinfo** in writing to cancel the next debit order due for collection on my **Physioinfo** website subscription.

I understand that I shall not be entitled to any refund of amounts which **Physioinfo** via NETCASH has withdrawn while this cancellation notice was in process and if such amounts were legally owed. Receipt of this instruction by **Physioinfo** shall be regarded as receipt thereof by my bank.

I agree to pay any bank charges relating to this Debit order instruction.

I further agree to advise **Physioinfo** in writing of any further changes which may occur.

Account Holder's Signature: \_\_\_\_\_

Please Note:

Debit order cancellation notice must be given 5 working days prior to due debit order collection date.