## **Subscriptions**



Write down **all** your family subscriptions. Can you cancel or cut back on any?

| Subscription | Amount | Due On | <b>Direct Debit</b> | Frequency |           |        |
|--------------|--------|--------|---------------------|-----------|-----------|--------|
|              |        |        | Y/N                 | Monthly   | Quarterly | Yearly |
|              |        |        |                     |           |           |        |
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