



AGGIE SWIM CLUB CREDIT CARD AUTHORIZATION FORM

I authorize the Aggie Swim Club to charge my credit card:

Monthly Charge – Charge the full account balance due as of the processing date on or around the tenth of every month until this authorization is rescinded in writing. *

* E-mail bills will be sent out prior to any charges being run on your credit card on a monthly basis.

PAYMENT INFORMATION

CREDIT CARD ONLY

VISA

MASTERCARD

DISCOVER

OTHER

Card Number (Please print clearly):

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Expiration Date on card: _____ / _____
MM YY

Three digit CVV code on back of card:

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Billing Zip Code: _____

Name as it appears on credit card (Please Print): _____

Swimmer's Name (Please print): _____

E-mail address (Please Print): _____

Card Holder Signature: _____

Today's Date: _____

Phone Number: _____

Alternate Phone Number: _____

Your credit card will be charged on a monthly basis near the 10th of every month. Cards will be charged for the full account balance at the time of processing.

All credit card transactions will generate a receipt to the e-mail address listed above. All receipts will be signed by our Club Administrator.