



2019/2020 Island Swimming Club Credit Card Authorization Form

VISA

MASTERCARD

CREDIT CARD #

EXPIRY DATE

(MM/YY)

CVC CODE

(3 digits)

NAME ON CARD

BILLING ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE #

Payment Details (check all that apply)

- Monthly training fee payment on the first business day of each month. October – June only.
- Mid-month payments (on the 15th or next business day) amount as indicated on monthly statement of account.

For special circumstances, or to change a payment schedule, please notify the Island Swimming office in writing.

SIGNATURE: _____

DATE: _____

This authorization will not be valid for charges incurred after August 31, 2020