



2020/2021 Island Swimming Club Pre-Authorized Debit Agreement

Payor (Account Holder) Information

Name

Swimmer(s) Family Name (if different from account holder)

Address

City

Postal Code

Payor Account Details

Returning members, check here if your banking details are the same as last year. You do not need to resubmit your banking information, but must still sign this form.

Branch No

Institution

Account Number

Financial Institution Name

Branch location

Branch Address

NEW MEMBERS or NEW BANKING DETAILS, please submit a scan or photocopy of a cheque or direct debit information from your online banking.

Payee Information

*Island Swimming Club
adminoffice@islandswimming.com*

*#100-4636 Elk Lake Drive, Victoria BC V8Z 5M1
250-744-5536*

Payment Details

All payments will be processed on the 15th of the month (or next business day). Payment will include all incidentals from the month previous and 1st of the month training fees. A statement of account showing the balance owing for the 15th of the month will be emailed on the 2nd of the month.

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

Signature: _____ Date: _____