



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

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.

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

SIGNATURE: _____

DATE: _____