



## Recurrent Billing for Training Fees

First Name, on credit card: \_\_\_\_\_

Last Name, on credit card: \_\_\_\_\_

Swimmer's First and Last Name: \_\_\_\_\_  
\_\_\_\_\_

Swimmer(s)'s Group: \_\_\_\_\_

### **Credit Card Information (Please Print Clearly)**

Type of credit card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

By my signature below I understand and I agree for Comets Swim Team to bill my credit card on the 20<sup>th</sup> of each month for my Child/Children Training Fees. It's my responsibility to make sure that each credit card payment has been processed by my credit card company. If credit card transaction didn't go thru, late payment fee still applies if payment hasn't been made by the 25<sup>th</sup> of the month. Also it's my responsibility to keep the current credit card information on file. If any change in the upcoming month of training, I will give the office a written notification by the 15<sup>th</sup> of the month.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date