

Swimmer's

Name (s) : _____

Automatic Payment Consent:

Choose Draft by Credit Card or Debit Card

This is my authorization for Blast Swim Team to automatically charge/debit my:

Credit card _____ Visa _____ MC _____ Debit Card _____

Credit/Debit Card Name

Card Number

Expiration Date

I understand that this authorization will be in effect until I notify Blast Swim Team in writing that I am leaving the team, 14 days in advance of the 1st of the month you plan to leave.

Billing Name

Billing Address

Billing Zip Code

Billing Phone

Billing Email

DATE SIGNATURE

INSTRUCTIONS FOR COMPLETING THE ABOVE AUTHORIZATION AGREEMENT FORM FOR DRAFT PAYMENTS:

Please complete the above form with your credit card or debit card account information, date, sign and return to:

Blast Swim Team
c/o The UPS Store
70380 Highway 21
Ste. 2, PMB 272
Covington, LA 70433

Credit card and Debit card drafts will be made the 5th of each month and will begin the month we receive your authorization.

Should you have any questions contact info@blastswimteam.com.