

ClubWorx Master's Swim Team Payment Authorization

I, _____, hereby authorize ClubWorx to automatically charge the credit card listed below in the amount of \$_____ per month as payment for my participation on the ClubWorx Master's Swim Team. Automatic payments are charged on the first day of each month and will continue monthly thereafter through December. Cancellation requests to stop EFT billing need to be received in writing or by certified or registered mail by the 15th of the previous month to stop the billing for the following month.

Credit Card Type

___ Master Card ___ Visa ___ Discover

Account # _____ Expiration Date _____

Name on Card: _____

Billing Address: _____

Phone: _____

Email Address: _____

Customer Signature: _____ Date _____

**Please notify us right away with any changes to the above information to avoid problems with processing (this includes updating the expiration date).

Swim Team Member's name: _____

Spouse: _____