



Current Member Credit Card Authorization

Family Last Name: _____ Account # _____

Swimmer's Name (eldest Child): _____

Exact Name on Credit Card: _____
First Name Last Name

Credit Card Number: _____

Expiry Date: _____ / _____ Visa MasterCard
(Month) (Year)

CVV Number: _____ (Optional info)

*Recommended by BMO, Moneris for added security.

I hereby authorize the Richmond Rapids Swim Club charge my credit card on or after the 1st of each month for any account charges or outstanding fees as stated on my monthly invoices. I understand that monthly statements are created on the 1st of each month on the Richmond Rapids billing system via the Richmond Rapids website at www.richmondrapids.com.

Signature

Date