

City of Plantation Parks & Recreation Recurring Credit Card Authorization Form



Please fill out and return. All information will remain confidential

Please select one of the following as payment for participation in the Plantation Swim Team:

- () I authorize The City of Plantation to charge the card on file the 15th of every month, OR,
- () I authorize the City of Plantation to charge the card listed below on a recurring monthly until 09/30/2025.

 Please note:
 - (1) The fee will increase if your child is promoted to a new group with different pricing (The current monthly fees are: Jr. Piranhas \$85 / Age Group 2&3 \$100 / Age Group 1 \$105 / Senior Group \$125)
 - (2) If you plan to take time off, a Plantation Swim Team Extended Absence or Team Withdrawal Form must be submitted *and* processed by the Plantation Swim Team coaching staff.

Customer Information

Guardian #1:				Guardian #2:		
Child Name:			PST Group:			
Street Address 1:			Street Address 2:			
City:		State:	State:		Zip Code:	
Primary Phone #:			Primary Email:			
		Credit/Debi	it Ca	rd Informatio	n	
Credit Card Type:	□ v	ISA		Mastercard		☐ Discover
Credit Card Number:						
Expiration Date:				CVV/CVC Code:		
above credit ca	ed charges notify the a ard informa failure to u	appropriate City of tion. pdate my credit ca	ard in		ult in add	ere are any changes to the
						n Withdrawal Form before n, after the card has been

City of Plantation Staff Only

Approved by: Approval Date: RecTrac HH #: