AQUATICS

# Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other ☐ _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

One Time Charge: _____

Item(s) Purchased _____

_____

Amount to be Charged _____

**By signing this form, you authorize** Miami Country Day Aquatics **to charge your card a one time charge for the amount listed above.**

Signed: _____ Date: _____

Reoccurring Charges: _____

_____

Amount to be Charged _____

**By signing this form, you authorize** Miami Country Day Aquatics **to charge your card Monthly for a reoccurring charge for the amount listed above.**

Signed: _____ Date: _____