



Recurring Credit Card Authorization Form

I, _____, authorize the Tracy Tritons, to charge my credit card the total amount of \$_____ (\$375 x # of Swimmers). Equal payments shall be charged to the credit card provided on April 1, May 1, and June 1.

Member Information:

Member Name: _____

Billing Address: _____ Zip Code: _____

Contact Number: _____ Email Address: _____

Credit Card Information:

Card Type (Select One): MasterCard Visa American Express Discover

Name (As it appears on the card): _____

Card Number: _____

Expiration Date (MM/YYYY): _____

CVV: _____

I certify that I am the owner of the credit card indicated above and will not dispute the scheduled payment with my bank/credit card company; provided that the transaction match with the terms described on this authorization form.

Member Signature

Date