

Tracy Triton Swim Club Payment Plan Agreement

I,	, agree to rer	nit the following payments to the Tracy Triton			
Swim Club (TTSC) as noted below:					
	Amount	Payment Date			
Payment 1	1/3 of the total amount owed	April 1			
Payment 2	1/3 of the total amount owed	May 1			
Payment 3	1/3 of the total amount owed	June 1			
the payments is ten (10) days late, the T \$75.00. Finance charges will accrue from Should the above noted account become	Tracy Triton Swim Club will add a finar om the original charge date.	d; however, I understand that in the event any of nical charge to the account in the amount of rs, the account privileges shall be suspended. This ents.			
financial changes and suspension from	the team of all participants.	ons of the approved payments plan under penalty of			
Signature of Responsible Party	Date				
Print Name					
Address	City State	Zip			
Phone Number					
OFFICE/BOARD USE ONL	<u>X</u>				
Payment Plan Received by TT	Payment Plan Received by TTSC: Payment Plan Acceptance Date:				
Participants Name:Participants Name:	Participants Name: Participants Name:				
Total Amount: \$	Roard Member Signatur	re· Date·			



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 or	n April 1, May 1, and	June 1.			
Member Information	:				
Member Name:					
			Zip Code:		
Contact Number:	Email Address:				
Credit Card Informa	tion:				
Card Type (Select One	e): MasterCard	Visa	American Express	Discover	
Name (As it appears o	n the card):				
Card Number:					
Expiration Date (MM/	YYYY):		<u> </u>		
CVV:					
•	c/credit card company		above and will not disp hat the transaction mate		
Member Signature			Date		