Sheboygan County YMCA Swim Team Meet Fees
Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Swimmers Name:
Card Type: ☐MasterCard ☐VISA ☐Discover
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Card Identification Code (3 digit number on back):
Cardholders Street Address (from credit card billing address, numbers only):
Cardholder ZIP Code (from credit card billing address):

I,_____, authorize The Sheboygan County YMCA to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date