

Recurring Payment Authorization Form

7 Month Commitment

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated each billing period.

Please complete the information below:

I, the undersigned, authorize SouthWest Aquatics Team to charge my credit card / ACH indicated below for balance on the 1st of each month for payment for my SWAT monthly charges.

Name _____

Billing Address _____

City, State, Zip _____

Email _____

Phone _____

Checking / Savings Account

Checking _____ Savings _____

Name on Acct _____

Account Number _____

Bank Routing Number _____

Band Name _____

Credit Card

Visa _____ Master Card _____

Discover _____

Cardholder Name _____

Account Number _____

Expiration Date _____

Signature _____ Date _____

I understand that this authorization will remain in effect until March 30th, 2017. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking / savings account. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that SWAT may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the permissions of SWAT; so long as the transactions correspond to the terms indicated in this authorization form.