NAC ATTACK SHARKS

NAC Newtown Athletic Club

NAC SWIM TEAM CREDIT CARD CHANGE FORM

Family Information					
Parent/Guardian Name(s) on Account:					
Swimmer Name #1:					
Swimmer Name #2:					
Swimmer Name #3:					
New Payment Information:					
Name on Card/Account:					
Credit Card Type (circle): Visa	Mastercard	AmEx	Discover		Exp (MM/YY):
Credit Card Number:					CVV:
Billing Address					
Street Address:					
City:	State:		Zip:		
Primary phone (if we have issues with the account):					
Payment Change Effective Date:					

Please be proactive in updating payment information. If we are unable to charge the card on file and we are unable to get in touch with you, we may not allow your swimmer to swim. Please email swimteam@newtownathletic.com with any questions.

This form will be destroyed after the card information is updated.