

**Pacifica Platypus Swim Club**

---

**Automatic Credit Card Billing Authorization Form**

Enjoy the convenience of automatic billing for your dues by simply completing the information below and signing the form. All requested information is required. Upon approval your credit card will be charged for the amount indicated and your total charges will appear on your credit card statement. Your credit card information will be kept secure. Your dues will be charged on the 1<sup>st</sup> of each month your fees are due. Return this form to a coach or mail to Pacifica Platypus Swim Club 560 Farallon Ave., Pacifica, CA. 94044. You may cancel this automatic billing authorization at any time by contacting Coach Pence in writing by the 25<sup>th</sup> of the month prior to your departure date either via email ([bradswim@aol.com](mailto:bradswim@aol.com)) or mail. There are no refunds.

**Swimmer Information:**

Name \_\_\_\_\_ Phone (    )    -  
Street \_\_\_\_\_ Email \_\_\_\_\_  
City, State ZIP \_\_\_\_\_

---

- **Payment Information:**
- **Make checks out to Terra Nova Aquatics**
- I authorize Pacifica Platypus Swim Club to automatically charge my credit card listed below:

**Frequency:**

Monthly dues	(\$80 per month billed 1 <sup>st</sup> of each month)
Quarterly dues	(\$225/quarter, billed 1 <sup>st</sup> of Jan, Apr, July, Oct)
Siblings dues	(\$150/month, billed 1 <sup>st</sup> of each month)

Start billing on: \_\_\_\_\_

End billing when member provides written cancellation (Please Initial) \_\_\_\_\_

---

**Credit Card Information:**

Credit Card Type:    VISA    MasterCard    Discover    AMEX

Credit Card Number \_\_\_\_\_ Exp date \_\_\_\_\_

Cardholder's name \_\_\_\_\_ ZIP code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_