



Sparks Piranhas Aquatics Payment Options Form

Name of Swimmer(s): _____

All payments are due by the 25th of the month for the upcoming month. (Example, 7/25 payment pays for the month of August). Invoices will contain monthly dues, any meet fees accrued, equipment, etc.

☐ **Enroll in Autopay.** I understand the bank/card I provide will be charged on the 25th of each month and that it is my responsibility to notify billing if my bank account or card number needs to be updated. A sales receipt with the charges will be sent to your e-mail on file on the 25th.

Signature: _____

Bank Draft Option:

Circle One: Commercial or Personal Circle One: Checking Account or Savings Account

Routing #: _____ Account #: _____

Credit Card Option:

Name on Card: _____ Zip Code _____

Card Number: _____ CVV _____ Expiration Date: _____
(CVV is only needed, if changing the credit card.)

☐ **Manual Pay.** I understand my payment is due on or before the 25th of each month and that it is my responsibility to place the payment in the Piranhas Payment box located on the pool deck at Alf Sorensen's. If an invoice is sent prior to the 25th, there is an option to pay via bank draft or credit card. *This will not be saved for future payments.*

Signature: _____

**** Please remember, notify Billing@sparkspiranhasaquatics.com by the 15th of the month prior to the month your swimmer(s) will be taking the month off or if any changes are required. Thank you!**