Sparks Piranhas Aquatics Payment Options Form

Name of Swimmer(s): _____

All payments are due by the 1st of the month for the upcoming month. 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 1st 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 1st.

Signature: _____ Address: _____

Bank Draft Option:

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

Name on Account: _____

Address (if different than on file): _____

Routing #: _____ Account #: _____

Credit Card Option:

Name on Card: _____ Zip Code _____

Address (if different than on file): _____

Card Number: _____ CVV _____ Expiration Date: _____

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