

Au	tomatic Debit Request
	Change to Existing Authorization
П	New Authorization

Parent/Guardian's Name		Phone #		
Student's Name				
Address	City	State	Zip Code	
I authorize Discover Aquatics to Debit my Account on a Monthly Bases for Lessons/ Swim Programs.	<u>-</u>	Payment Details: All automatic withdrawals will be charged on the 5th day of each month.		
Credit Card Information (Master Card or Visa Only Please)	fitness atte	Tuition is due in full at the time of scheduling; students/water fitness attendees will not be put on the schedule or enrolled until tuition is paid in full.		
Card Number	lesson/clas regarding n	s. Please review swim le	oe signed before your first esson policies closely es and holidays. We DO NOT	
Expiration Date 3 Digit CVV2	- MasterCard	Replacement transactions must be in the form of cash, Visa, MasterCard, Cashiers Check or Money Order. If transactions are returned (3) times, your auto debit will be cancelled.		
Billing Address:	If you wish days writte	Withdrawal/Discontinuation of Lessons: If you wish to withdraw or discontinue lessons you MUST give 7 days written notice. Withdrawal forms are available in our front office and on our website.		
Street Address	I have read stated here I am enterir Discover A	Authorization: I have read and accept the general and financial policies as stated here. I understand that by signing this Authorization Form, I am entering into an agreement with Discover Aquatics. Discover Aquatics agrees to give 30 days notice to customers of any rate change. A 7 day written notice for		
City, State & Zip Code		n is required.	aaj mitori notioo toi	
THANK YOU	Customer S	Signature	 Date	