

Parent's Name:

Phone Number:

Student(s) Name(s):

OPTIONS:

Automatic Debit:

Credit Card/Debit Card

Visa, MC, American Express, Discover

Bank Account

Savings Checking

Please enter your credit/debit card or bank account information at the bottom of the form.

DeMont Family Swim School will destroy the account number below once it is entered into our secure payment processing system in order to be compliant with the new credit card processing regulations.

Initial Please

___ I authorize DeMont Family Swim School to charge my account on a monthly basis for swim lessons. Charges will occur on the 1st of the month. If using a bank account, please attach a voided check.

___ A \$10 fee will be charged for declined transactions.

MONTHLY PAYMENT:

Payment is due on the 1st of the month. We accept payment via check, cash, and credit card in person or over the phone.

Initial Please

___ A \$10 fee will be charged for late payments. Payments must be received by the 8th of the month to be considered on time.

I have read and accept the payment options stated here. I understand that by signing this authorization, I am entering into an agreement with DeMont Family Swim School.

Customer Signature: _____ Date: _____

Card Number

Expiration Date

Name as it appears on the card

Name of Bank

Electronic Routing #

Bank Account #