**PAYMENT SCHEDULE**

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY AUTHORIZE **BOYS & GIRLS CLUBS OF UNION COUNTY** TO CHARGE MY CREDIT CARD ACCOUNT IN THE AMOUNT OF $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEEKLY PAYMENTS**

❑ **(HALF DAY) $150.00 (9AM-1PM) WEEK 2 $130.00**

**1. JUNE 25** $ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_(initial) **2.JULY 2** $ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_(initial) **3.JULY 9** $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_ (initial)

**4. JULY 16** $ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ (initial)5.**JULY 13** $ \_\_\_\_\_\_\_\_\_ \_\_ (initial) **6.JULY 30** $ \_\_\_\_\_\_\_\_\_ \_\_\_\_ (initial)

**7. AUG 13** $ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ (initial) 8.**AUG 20** $ \_\_\_\_\_\_\_\_\_\_\_ \_\_(initial)9.**AUG 10** $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_(initial)

**SWIMMERS NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑**VISA** ❑**MASTERCARD** ❑**PRE-DATED CHECK**  
CREDIT CARD NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
EXPIRATION DATE \_\_\_\_\_\_ / \_\_\_\_\_\_

VID CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CREDIT CARD BILLING ADDRESS***STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE \_\_\_\_\_\_\_\_\_\_\_

ZIP CODE \_\_\_\_\_\_\_\_\_\_\_

TELEPHONE (\_\_\_\_­­\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CARDHOLDER’S SIGNATURE I AGREE TO PAY THE TOTAL AMOUNT IN WEEKLY PAYMENTS STATED ABOVE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL AMOUNT | \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE |

\*The card will be charged 5 days (Wednesday) prior the week the swimmer is attending.