**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) $250.00 (9AM-1PM) WEEK 2 $200.00**

**1. JUNE 27** $ 250 \_\_\_\_\_\_\_\_\_\_ (initial) **2.JULY 5** $ 200 \_\_\_\_\_\_\_\_\_\_ (initial) **3. JULY 11** $ 250 \_\_\_\_\_\_\_\_\_\_ (initial) **4. JULY 18**  $250 \_\_\_\_\_\_\_\_\_ (initial)

**5. JULY 25** $ 250 \_\_\_\_\_\_\_\_\_\_ (initial) **6. AUG 1** $ 250 \_\_\_\_\_\_\_\_\_ (initial)

**7. AUG 8 $** 250 \_\_\_\_\_\_\_\_\_\_ (initial) **8. AUG 15** $ 250 \_\_\_\_\_\_\_\_\_\_ (initial) **9. AUG 22** $250\_\_\_\_\_\_\_\_\_\_ (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.