**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) $300.00 (9AM-1PM) WEEK 2 $250.00**

**1. JUNE 26** $ 300 \_\_\_\_\_\_\_\_\_\_ (initial) **2.JULY 3** $250 \_\_\_\_\_\_\_\_\_\_ (initial) **3. JULY 10** $ 300 \_\_\_\_\_\_\_\_\_\_ (initial) **4. JULY 17 $**300 \_\_\_\_\_\_\_\_\_ (initial)

**5. JULY 24** $ 300 \_\_\_\_\_\_\_\_\_\_ (initial) **6. JULY 31 $**300 \_\_\_\_\_\_\_\_\_ (initial)

**7. AUG 7 $** 300 \_\_\_\_\_\_\_\_\_\_ (initial) **8. AUG 14** $300 \_\_\_\_\_\_\_\_ (initial) **9. AUG 21** $ 300\_\_\_\_\_\_\_\_\_\_ (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 (\_\_\_\_­­\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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.