

Summer Break Swim Club

6852 Hawthorn Park Drive
Indianapolis, IN 46220
317-288-5317

One Time Credit Card Payment Authorization Form 2020

Sign and complete this form to authorize Summer Break Swim Club to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Summer Break Swim Club to charge my credit card
(full name)

account indicated below for \$ _____ (plus a \$5 transaction fee) on or after _____.
(amount) (date)

This payment is for _____ .
(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVC Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.