



Four Seasons Swim Club

Monthly Payment Option (for Summer 2024 Membership)

With this option, the annual membership fee will be divided into twelve equal payments beginning in September. This payment includes all taxes and processing fees. If you have any questions, please call Shellie at 937-951-5359 or email fourseasonsmembership@gmail.com.

It's as easy as 1-2-3!

Step 1: Circle the options below.

2024 Membership	Monthly Payment
Family	\$45.00
Couple	\$30.00
Single	\$25.00

Additional Options	Monthly Payment
Donation for capital improvement fund	\$5, \$10, other

Step 2: Total the cost of the options.

Total amount of monthly debit \$ _____ (recurring)

Step 3: Complete the billing information.

Beginning Processing Date (choose one):
_____ Sept. 1 (or next month), 2023 then first of the month recurring
_____ Sept. 15 (or next month), 2023 then 15th of the month recurring

Member Name (Authorized Signer)

Cardholder Name if Different

Billing Address _____
Street Address City State Zip

Card Number _____ Exp Date _____ CVV/CID _____ (3 digit on back; AMEX 4 digit on front)

Cardholder Email Address _____

Backup Card: (will only be charged if there is a problem with your primary payment card)

Number _____ Exp Date _____ CVV/CID _____

I authorize Four Seasons Swim Club to charge the credit card indicated in this form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company as long as the transactions correspond to the terms indicated herein. The billing prices above are based on 12 equal installment payments beginning with September and ending in August. For late starts, the first payment must be sufficient to cover the missed payments with no penalty. **Canceling prior to the pool opening will result in a refund less a \$100 processing fee. There is no reimbursement once the pool opens. The billing will auto renew for the following season at the new rate unless otherwise notified by August 1, 2024.** A sample payment, late start, and reimbursement schedule is available upon request.

Cardholder Signature _____ Date _____

Simply email this form to: fourseasonsmembership@gmail.com