



Credit Card Authorization Form

I authorize Time 2 Swim to charge my credit card monthly for payment of services.

Name (please print):											
Contact Name (if different than above):								Phone Number:			
Billing Address:											
City:						State:			Zip:		
Name as it appears on the credit card (if different than above):											
Select type of card: Visa American Express MasterCard								Code:			
Card number:										Expiration Date:	
<p>I authorize Time 2 Swim to charge my credit card monthly for payment of services. If Time 2 Swim is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify them otherwise in writing. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.</p> <p>THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. This agreement may be cancelled by the applicant by providing Time 2 Swim a written notice at least 10 days in advance of the cancellation date.</p>											
Signature:											