

PAYMENT OPTION FORM

You must return a signed Payment Option Form before your first lesson.



www.swimamericadavis.com
2121 Second Street
(530) 759-1214

TELL US ABOUT YOUR FAMILY

Parent's Name(s):

Taxpayer ID Number:

Swimmer(s) Name(s):

Telephone:

SELECT TYPE OF PAYMENT

Automatic Debit from BANK ACCCOUNT

I authorize SwimAmerica to debit my Checking Savings account ending in _____ (last four digits) for any and all fees that we owe on a monthly basis for swimming lessons.

Automatic Debit from CREDIT/DEBIT CARD

I authorize SwimAmerica to debit my Visa MasterCard ending in _____ (last four digits) for any and all fees that we owe on a monthly basis for swimming lessons.

THE FINE PRINT (PLEASE INITIAL)

___ To withdraw from your lessons (and cancel automatic debits) we require 30 days written notice. Withdrawal Forms are available at the front desk or at www.swimamericadavis.com.

___ All automatic debits will be charged on the 1st business day of each month.

___ We do not offer refunds.

___ Fees for the first full month and any prorated partial month are due before the first lesson. Swimmers may not start lessons until initial fees are paid.

___ You will be assessed a \$10.00 handling charge on a declined Automatic Debit transaction. You must pay these fees in full with cash, cashier's check, or money order before your next lesson.

___ If transactions are returned three (3) times, your auto debit privileges will be canceled. The fee for a returned check is \$30.00.

___ Make Up lessons are available as long as you CALL US BY THE DAY of the absence. See the Make UP lesson policy on the Waiver for details and scheduling.

AUTHORIZATION

I have read and accept the general and financial policies as stated here. This authorization will remain effective until I submit a Withdrawal Form and SwimAmerica has had a reasonable period of time to act on that notice. I also authorize SwimAmerica to initiate deposits to correct any debit errors that may have been made. I authorize my financial institution to process these debits from and credits to my account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. My revocation of SwimAmerica's authority to initiate debits to my account will not affect SwimAmerica's right to initiate credits to my account to correct or adjust a debit processed before my Withdrawal request has become effective. SwimAmerica Davis agrees to notify families 30-days in advance of any rate change.

Only my signature is required to make this agreement effective.

Parent Signature

Date

Everyone whose signature is required to make this agreement effective has signed.

Other Required Signer (if necessary)

Date

FINANCIAL INFORMATION (This section will be destroyed.)

Credit/Debit

Name on card:

Billing Address:

Zip:

Card Number:

Exp Date:

Bank Account

Bank Name:

Branch:

City/State:

Electronic Routing Number:

Bank Account Number: