



BOYS & GIRLS CLUBS
OF UNION COUNTY

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 \$ _____

MONTHLY PAYMENTS

TYM BEG

SEP \$ 350.00 _____ (initial)

JAN \$ 50.00 _____ (initial)

MAY \$ 50.00 _____ (initial)

OCT \$100.00 _____ (initial)

FEB \$ 50.00 _____ (initial)

JUN \$ 50.00 _____ (initial)

NOV \$ 50.00 _____ (initial)

MAR \$ 50.00 _____ (initial)

DEC \$ 50.00 _____ (initial)

APR \$ 50.00 _____ (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

TOTAL AMOUNT

_____/_____/_____
DATE

I AGREE TO PAY THE TOTAL AMOUNT IN WEEKLY PAYMENTS STATED ABOVE

*If the \$100 escrow fee for entries is used up, your card will be charged another \$100.