



Mission Viejo Nadadores Dive Team

Automatic Payments Application

Diver Name: _____

Phone: _____

Email: _____

Monthly amount authorized: \$ _____

Begin automatic payment starting (mm/yy): _____

Select one of the payment options below:

1. Automatic Checking Withdrawal ☐

2. Credit Card ☐

Check one:

Elite ☐ High School ☐ Masters ☐ Novice ☐ Lessons ☐ Bitty Bouncers ☐ Gym2Dive ☐

Need a copy of a check for routing/acct #

Checking Withdrawal

Bank Routing Number:	
Account Number:	
Name on Check:	
Address:	
City, State, Zip:	

Credit Card Option - 4.5% Convenience Fee for CC

Credit Card Type:	
Credit Card #:	
Security Code (last three digits on card)	
Expiration Date (mm/yy)	
Your name on card:	
Card Billing Address:	
City, State, Zip:	

By signing below, I agree that the authorized amount above can be charged to my credit card or automatically withdrawn from my checking account on a monthly basis until I cancel this service in writing. I can cancel this service at any time.

Authorized Signature

Date