# Mission Viejo Nadadores Dive Team

## Automatic Payments Application

Diver Name:_____
Phone:_____
Email:_____

Monthly amount authorized: $ _____

**The amount may be increased from time to time (private lessons, camps, clinics, annual registration)**

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By signing below, I agree that the authorized amount above can be charged to my credit card or automatically withdrawn from my checking account on a monthly basis until I cancel this service in writing.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