



AUTO-ENROLLMENT SELECTION & CONSENT

Electronic Funds Transfer Enrollment Form - Please PRINT Clearly.

Customer Information

Paying Party's
Name On Account

Paying Party's
Address On Account

Paying Party's Phone

Auto-Pay Information

New Auto-Pay Update Auto-Pay
(Please Check One)

By completing this information, I hereby authorize The Swim School to initiate financial transactions with the financial institution account listed, as requested by the individual names, for payment of goods and services received. This authorization is to remain in full effect until such time as The Swim School is notified in writing. This notification must be received by The Swim School at least 30 days prior to last day of class.

I certify that I am an authorized user of this account. The information presented is true and correct. I understand that by using The Swim School's Auto-Enrollment payment process, I will no longer receive remittance advices from The Swim School for transactions initiated. I am instead to contact my financial institution for remittance information and I am utilizing a financial institution which has the capability to receive such information. I am solely responsible for any fees assessed by my financial institution for their services..

I agree to notify The Swim School of changes to the bank and/or account information listed on the form immediately.

Account Information

Date Of 1st Auto-Enrollment Payment:

Bank Account

Credit Card

(Please Check One)

Checking

Visa

Savings

MasterCard

Check or Savings

Please Complete the back of this form
and attach voided check

Credit Card
Account #

Expiration Date:
(Credit Cards Only)

Confirmation Code:
(Credit Cards Only)

Students Whose Lessons
Are Covered By This
Account

_____ / _____

Named Account Holder's Signature & Date



PAYMENT PLAN AUTHORIZATION FORM CHECKING & SAVINGS

| Full Name On Bank Account | | | |
|---|---|--|---|
| Social Security # On Bank Account | | | |
| Payment Plan | | Customer Bank Information | |
| Every: | <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month | Bank Name: | |
| Start Date: <small>(Must Be At Least 15 Days From Today)</small> | Month: | Bank Address: | |
| | Day: 5th | Bank Phone Number: | |
| | Year: | Routing Number: | <small>(9 Digits)</small> |
| End Date: | Month: ? | Account Number: | <small>(Attach voided check with this account number)</small> |
| | Day: ? | <p>I authorize my bank to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and such manner as afforded the Service Provider and bank reasonable opportunity to act (minimum 30 days).</p> <p>I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form.</p> <p>All other charges such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to The Swim School 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or The Swim School due to NSF (non-sufficient funds). I will be liable to pay an NSF fee of \$25 (or the amount allowed by law) which may be automatically debited for each NSF.</p> <p>I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and The Swim School harmless from damage, loss, or claim resulting from all authorized action hereunder.</p> | |
| | Year: ? | | |
| Total Due To Service Provider | ? | | |
| Number Of Payments | ? | | |
| Payment Amount | \$ <small>(Could change due to acquired Family Credit)</small> | | |
| Key | 1 Child = \$78/month 2 Children = \$142.50/month 3 Children = \$210/month | | |
| Fee Per Transaction | None | | |
| Total Amount Of Each Payment | \$ <small>(Payment Amount + Fee)</small> | | |
| Signature | | | |
| Date | | | |