

Agua Caliente Aquatic Center
AUTO PAY

Name: _____,
(Last Name) (First Name)

Phone Number: _____ Bar Code: _____

Transfer \$ _____ monthly on the _____^{5th} _____^{15th} _____^{25th}

Checking or Savings Account Debit:

_____ I authorize Agua Caliente Aquatic Center, Inc. to debit the account indicated below.

Name of Bank: _____

_____ Checking _____ Savings Routing Number: _____

Account Number: _____

* Must attach a voided check from the account listed above. Deposit tickets are not acceptable.

Credit Card Debit:

_____ I authorize Agua Caliente Aquatic Center, Inc. to charge the credit card indicated below.

_____ Visa _____ Mastercard Expiration Date: _____

Account Number: _____

Signature: _____ Date: _____

