

## Swim and Fitness at the AIS Authorised Pre-Payment Contract

Payment is for: (Participant name): \_\_\_\_\_

Participant Address: \_\_\_\_\_

Participant Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

I would like Swim and Fitness at the AIS to take my credit card payment for (please tick box)

Fitness membership

Club Aquatics membership

Payment will be processed on the same day each nominated month. Payments will be processed on the first business day after a weekend or public holiday.

Please tick the appropriate month and circle the appropriate day for payment

<input type="checkbox"/> July 2004 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> August 2004 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> September 2004 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> October 2004 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<input type="checkbox"/> November 2004 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> December 2004 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> January 2005 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> February 2005 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<input type="checkbox"/> March 2005 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> April 2005 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> May 2005 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<input type="checkbox"/> June 2005 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

I authorise the amount of \$ \_\_\_\_\_ to be deducted from my credit card details below for the months I have ticked above on the date I have circled above each month (must be the same date each month).

Please take my credit card payment:

Card type:    Visa             Master card             Bank card

Card holder name: \_\_\_\_\_ Expiry date on card: \_\_\_\_ / \_\_\_\_

Card number: □□□□ □□□□ □□□□ □□□□

Receipt of payment will be posted to the above address each month for your records.

I agree for the Swim and fitness centre to deduct the amount specified above, to be processed from my credit card for the months I have indicated. If I want this process to cease I acknowledge that it is my responsibility to put it in writing and deliver it to the program coordinator allowing a minimum of 48 hours prior to the next scheduled payment. No refunds will be issued should you fail to provide the aforementioned notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_