

Credit Card Authorization Form for LIAC

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect for the year 2024 or until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card) - print clearly: _____
Card Number: _____
Expiration Date (mm/yy): _____ / _____ CVV: _____
Cardholder Postal Code (from credit card billing address): _____

The payment is for the following: ☐ Membership 2024
 ☐ Swim Lessons (May & June 2024 Only)
 ☐ Swim Team (May & June 2024 Only)

I, _____, authorize Long Island Aquatic Club to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

I/We have reviewed the terms and conditions of the program.

Customer Signature

Date

Email Contact

When the Pool opens in June, please signup at the Pool and the Credit option will be available at the Pool for all Programs.