Direct Debit Credit Card Authorisation

Name of student(s)

Type of Credit card ◯ Mastercard ◯ Visa

Credit Card Number

				-					-					-				

Expiry Date

I, *(name of card holder)* authorise

◯ Carlile Swimming Altona Pty Ltd
◯ Carlile Swim Centres Pty Ltd
◯ Castle Cove Swim School Pty Ltd
◯ Cherrybrook Swim School Pty Ltd
◯ Carlile Swimming Carlingford Pty Ltd
◯ Carlile Swimming Five Dock Pty Ltd
◯ Carlile Swimming Lane Cove Pty Ltd
◯ Killarney Swim School Pty Ltd
◯ Norwest Swim School Pty Ltd

to debit the nominated credit card account for payment of my child(ren)'s swimming lessons and to vary the amount of the debit as necessary for changes to bookings or fee increases.

I acknowledge that it is my responsibility to have sufficient funds available by the due date to permit a direct debit in terms of this authority.

This authorisation is to remain in force, in respect of the above credit card, until I notify Carlile Swimming in writing of its cancellation. (Cancellation forms available at Reception).

Payments will be debited to the nominated account on the 1st business day of each month, commencing / /

Card holder's name

Signature Date / /

How did you find out about Carlile Swimming?

◯ Past Client ◯ Friend/Referral ◯ Sign/Poster ◯ Yellow Pages ◯ Website
◯ Advertising ◯ Newspaper ◯ Mail Drop ◯ School Program ◯ Preschool Visit
◯ Shopping Centre Display ◯ Expo ◯ Other _____

CarlileSwimming

CS09

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Credit Card Number

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