## Sonoma Aquatic Club AutoPay

Name:				
(Last Name)		(First Name)		
Phone Number:		Bar Code:		
Transfer \$	monthly on the	5 <sup>th</sup>	15 <sup>th</sup>	25 <sup>th</sup>
CHECKING OR SA	VINGS ACCOU	NT DEBIT:		
I authorize So	noma Aquatic Club to	o debit the accou	ant indicated bel	ow.
Name of Bank:				
CheckingS	avings Routing N	Number:		
Account Number:				
* Must attach a voided check				
CREDIT / DEBIT C	ARD:			
I authorize So	noma Aquatic Club to	o charge the cred	dit card indicated	d below.
VisaMaster	card			
Account Number:				
Expiration Date:		_ ′	This is a debit ca	ard
*Please note: Changes to	AutoPay informatio to billing		itted 5 weekdays	s days prior
	to billing	guate.		
Signature:			Date:	