

AUTHORIZATION FOR DIRECT PAYMENT, DAVIS AQUATIC MASTERS

Membership and pool fees are not tax deductible.

I authorize DAM to initiate entries to my checking or savings account as indicated below.

(NAME OF SWIMMER - **PLEASE PRINT**)

(SWIMMER'S E-MAIL ADDRESS - **PLEASE PRINT**)

(NAME OF ACCOUNT HOLDER)

(DATE)

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

ACCOUNT NO. _____ Checking _____ Savings _____

FINANCIAL INSTITUTION ROUTING NO. _____
(between these symbols | : | : on the bottom left of your check)

Check one or more of the authorizations below.

Withdrawals to begin in the month of _____. We must receive this form by the 25th of the prior month. (Example: receipt by 25 January for February withdrawal.)

Staple Voided Check Here

Membership dues @ \$7 per month (required of all members, regardless of participation frequency).

Unlimited number of coached workouts or weekend lap swims @ \$40 per month.

65-79 years of age. Unlimited number of coached workouts or weekend lap swims @ \$35 per month.

I am 80 years of age or older and request a waiver of pool fees.

Get Fit Davis _____ or Physical Edge _____ member. Unlimited number of coached workouts or weekend lap swims @ \$30 per month.

This authority will remain in effect unless I provide written notice to DAM of cancellation or changes no later than the 25th of the prior month. (Example: for a change to take effect in December, you must provide written notice of the requested change no later than 25 November.)