Dolphins Swim Team Flexible Payment Plan

This form can also be used for swimmers who want to pay by credit/debit card instead of check

Flexible payment plans are available to any family. There is no additional fee to participate in the plan. The total amount owed may be spread out over a period of time, selected by the participant, pursuant to the following restrictions and limitations:

1) An initial down payment of no less than 25% must be paid in advance.
2) The remaining balance due must be paid in full no later than July 27, 2021.
3) All payment plans must be set up on a recurring ACH payment (automatic debit) from a checking or saving account or a credit card or debit card.
4) You may choose the frequency of the debit (weekly, bi-weekly, monthly).

EXAMPLE: You have two children. The total swim team fees equal $285.00 ($150 + 135). You pay $71.25 down on June 1. The $228 balance is paid in 4 equal payments of $53.44, through automatic debit, every two weeks, starting on June 15, with the final payment due July 27.

5) Any ACH that is returned by your bank will be subject to a $30.00 returned payment processing fee.
6) Any returned ACH will be resubmitted a second time, within one week of the original date.
7) No account will be considered paid in full until all the payments are made, including any processing fees.
8) Accounts must be paid in full in order to be considered for any future payment plan during future swim seasons.
9) Once your payment plan is approved, you will receive a confirmation email confirming the start date of the plan.

To participate, please fill out the information below and then sign and return this form. **PLEASE PRINT LEGIBLY!**

Full Name:_____ Home Phone:_____ Cell Phone:_____

Address:_____ Email:_____

Work Email:_____ Work Phone:_____ Total number of swimmers on team:_____

Total Swim Team Fees: $_____ Down Payment (25%):$_____ Balance Due:$_____

How do you want to pay the balance?   Weekly   Bi-Weekly   Monthly   (Circle One)

What method do you want to use?   Checking Account   Savings Account   Credit Card   Debit Card   (Circle One)

What date do you want the first payment to start? _____ (Remember, the balance must be paid by July 27).

Fill out the information for your selected payment method:

ACCOUNT: BANK NAME:_____   **CARD:**   VISA   M/C   DISCOVER   (Circle One)

      Account #:_____   Card #:_____

      Routing #:_____   Exp. Date:_____ Billing Zip Code:_____

      Name on Account:_____   Name on Card:_____

                                                                                            CCV Code:_____(3-digit code on back of card)

Print Name:_____   Signature:_____   Date:_____