

# Dolphins Swim Team Flexible Payment Plan

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 20% must be paid in advance.
- 2) The remaining balance due must be paid in full no later than December 31.
- 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, bi-monthly) as well as the amount of each debit.

**EXAMPLE:** You have two children. The total swim team fees equal \$522.50 (275.00 + 247.50). You pay \$104.50 down. The \$418.00 balance is paid in 12 equal payments of \$34.84, through automatic debit, every two weeks, starting on June 1, with the final payment due Nov. 1.

- 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.

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Total number of swimmers on team: \_\_\_\_\_

Total Swim Team Fees: \$ \_\_\_\_\_ Down Payment (20%): \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

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

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

How much do you want each payment to be? \$ \_\_\_\_\_ (Remember, the balance must be paid by December 31).

What date do you want the first payment to start? \_\_\_\_\_ (Remember, the balance must be paid by December 31).

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: \_\_\_\_\_

