



_____ (Diver's Last Name)

DIVE Cincinnati, Inc.

Credit / Debit Card Authorization Form (2023-2024 Session)

All Fees for the DIVE Cincinnati, Inc. Springboard Diving Program offered at Northern Kentucky University or Mariemont High School can be paid with Check, Visa, MasterCard or American Express.

I authorize DIVE Cincinnati, Inc. to charge the following MasterCard, Visa, AmEx or Discover as payment for all fees incurred by me, or my child, while participating in the Diving Program offered by DIVE Cincinnati, Inc. for the 2023-2024 season.

Visa / MC / AmEx / Disc. _____
(Please Circle) Credit / Debit Card Number Exp. Date Security Code

The terms of this agreement are:

- 1) The credit / debit card listed above belongs to me and / or my spouse, and may be used by DIVE Cincinnati, Inc. as payment for any and all fees incurred by me and / or my child while participating in the DIVE Cincinnati Program.
- 2) I understand and agree that my credit / debit card (listed above) will be charged on the first day of each session or on the due date listed on the periodic e-mail invoice that I will receive depending on which payment option I choose to pay my diving fees.
- 3) The amount that will be charged to my credit / debit card (listed above) is the amount that will appear on the e-mailed DIVE Cincinnati session statement.
- 4) I understand that if I DISAGREE with the amount due (as printed on my DIVE Cincinnati session statement or monthly statement), I will notify DIVE Cincinnati by phone, fax or e-mail of the disputed amount PRIOR to the first day of the month.
- 5) I understand and agree that if I decide to STOP participating in the DIVE Cincinnati Program, I will notify DIVE Cincinnati IN WRITING of my intention to stop diving at least FIVE DAYS prior to the first day of the new session. *If notice is not given at least five days prior to the first day of the new session or new month, I agree that my credit / debit card will be charged and I will be responsible for all fees listed on my session or monthly statement.*
- 6) I understand and agree that if I change credit / debit cards or receive a new expiration date for the credit / debit card which DIVE Cincinnati keeps on file, I will notify DIVE Cincinnati in writing of any changes. This written notification will also authorize DIVE Cincinnati to use the new credit / debit card for any and all diving related charges.

Signature of Card Holder

Date

Printed Name of Card Holder

Billing Address of Card Holder

Billing Zip Code of Card Holder

(NOTE: For security purposes, please be sure that the numeric address and zip code you list above matches the BILLING address and zip code that the issuing credit card company has on file. In addition, be sure to write the security code in the space above.