



**ACCOUNT GUARANTEE FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**CREDIT CARD INFORMATION**

CREDIT CARD NUMBER: \_\_\_\_\_

Expiration Date \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_

(MASTER CARD / VISA / )

NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_  
\_\_\_\_\_

**BANKING INFORMATION**

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_ AUTHORIZE MITCHELL AQUATIC CLUB TO PROCESS  
THE ABOVE CREDIT CARD OR CHECKING ACCOUNT FOR ANY OUSTANDING BALANCE  
STILL REMAINING ON MY ACCOUNT 1 MONTH AFTER THE END OF THE SEASON.

\_\_\_\_ PLEASE PROCESS THE ABOVE CREDIT CARD TO PAY MY BALANCE IN FULL EACH  
MONTH.

\_\_\_\_ PLEASE PROCESS THE ABOVE CHECKING ACCOUNT TO PAY MY BALANCE IN FULL  
EACH MONTH.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_