

# Smilefish Swim School

## Credit Card Information Update

Swimmer's Name(s) \_\_\_\_\_

\_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

New Credit Card Information:

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CCV Code \_\_\_\_ (code on back of card)

Does this new card have the same billing address? Yes No

If not, Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE SEAL THIS FORM IN ONE OF THE SWIM  
STORE ENVELOPES & PLACE IT IN THE DROP BOX**