



Auto-Enrollment Selection & Consent

Electronic Funds Transfer Enrollment Form – Please PRINT clearly.

Customer Information

Paying Party's Name On account	
Paying Party's Address On account	
Paying Party's Phone	

Auto-Pay Information

New Auto-Pay Update Auto-Pay

(Please check one.)

By completing this information, I hereby authorize Swim-Smart @ Harry's to initiate financial transactions with the financial institution account listed, as requested by the individual named, for payment of goods and services received. This authorization is to remain in full effect until such time as Swim-Smart @ Harry's is notified in writing. This notification must be received by Swim-Smart @ Harry's at least 30 days prior to last day of class.

I certify that I am an authorized user of this account. The information presented is true and correct. I understand that by using THE Swim-Smart @ Harry's Auto-Enrollment payment process, I will no longer receive remittance advices from Swim-Smart @ Harry's for transactions initiated. I am instead to contact my financial institution for remittance information and I am utilizing a financial institution which has the capability to receive such information. I am solely responsible for any fees assessed by my financial institution for their services.

I agree to notify Swim-Smart @ Harry's of changes to the bank and/or account information listed on the form immediately.

Account Information

Date of 1st auto-enroll payment:

(Please check one.)

American Express Visa
 Discover MasterCard

Credit Card Account #

Expiration Date:
Credit cards ONLY

Confirmation Code:
Credit cards ONLY

Zip Code:
Billing zip for card

Students whose lessons are covered by this account.

Named account holder's signature & date