



CREDIT CARD AUTHORIZATION & AGREEMENT

Name (as appears on card) _____

Card Type (check) AMEX VISA MASTERCARD DISCOVER

Card Number _____ Exp. Date _____ Security Code _____

The undersigned is approved for Membership at Old Trail Swim Club and hereby agrees to pay the applicable dues and fees in accordance with the Membership Application & Agreement, and Club Rules & Regulations, as they may be amended from time to time.

Authorization Signature _____ Date: _____

****Please be reminded that for the safety of your financial information, this form should not be sent via email or electronic submission.****

Before May 24th, please drop this form at the Golf Shop at Old Trail Golf Club (5494 Golf Drive), or at Real Property Management, Inc. (1005 Heathercroft Circle, Suite 500).

After May 24th, this form may be brought to the Swim Club and given to the Swim Club Manager.