

CHINESE SWIMMING CLUB



CREDIT CARD PAYMENT FORM (ONE-TIME AUTHORIZATION)

(Please email the completed form to finance@chineseswimmingclub.org.sg **OR** fax to (65) 63457134)

MEMBER'S NAME: _____

MEMBER'S ACCOUNT NO.: _____ (6 digits)

MEMBER'S CONTACT NO: _____

CREDIT CARD NO.: _____ **MASTERCARD / VISA**
(Please circle)

CARD EXPIRY DATE: _____

AMOUNT: _____

CARDHOLDERS' SIGNATURE: _____

TRANSACTION DETAILS: Settlement of Club dues
(Please tick one)

Others (Please elaborate):

FOR OFFICIAL USE:

ORDER NO: _____

PROCESSING DATE: _____

PROCESS BY: _____

APPROVED / NOT APPROVED (Please circle)