



## Island Swimming Club Pre-Authorized Debit Agreement

### Payor (Account Holder) Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Swimmer(s) Family Name (if different from account holder)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

### Payor Account Details

\_\_\_\_\_  
Branch No

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Branch location

\_\_\_\_\_  
Branch Address

**NEW MEMBERS or NEW BANKING DETAILS, please submit a photo, scan or photocopy of a cheque or direct debit information from your online banking.**

### **Payee Information**

*Island Swimming Club  
adminoffice@islandswimming.com*

*#100-4636 Elk Lake Drive, Victoria BC V8Z 5M1  
250-744-5536*

### Payment Details

**All payments will be processed on the 15<sup>th</sup> of the month (or next business day). Payment will include all incidentals from the month previous and 1<sup>st</sup> of the month training fees.**

*For special circumstances, or to change a payment schedule, please notify the Island Swimming office in writing.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_