

TO SINGAPORE SWIMMING CLUB

VISA/MASTER CREDIT CARD AUTHORIZATION FORM

CREDIT CARD DETAILS

Name (as in credit card)				
Credit Card No. (Visa/Master Only)				
Credit Card Issuing Bank				
Expiry Date	MM		YY	
Signature As On Card				

SSC Membership Account No. to be charged to the above credit card.

<u>Billing Instructions</u>	Please Tick	Amount
ALL Monthly Charges In Statement Of Account		
ONLY Absent Fee		
ONLY Monthly Installment		
OTHERS please specify		

Registered Name With SSC: _____

Contact No: _____

Email Address: _____

Date of Authorization : _____