



Chief Administrative Office
502 – 2nd Avenue
P.O. BOX 299
BASSANO, AB T0J 0B0

PHONE: 641-3788
FAX: 641-2585
www.bassano.ca

CREDIT CARD AUTHORIZATION FORM

For our mutual protection, please complete the following form in full and fax to 403-641-2585 or email pool@bassano.ca

I the undersigned, authorize the Town of Bassano to apply to my credit card the following charges:

Swimming Lessons (Name, Level, Session, Price): _____

Seasons Pass (Senior, Adult, Youth, Child) Name: _____

Punch Card (Senior, Adult, Youth, Child) Name: _____

Please specify other _____ Total Amount \$ _____

CREDIT CARD NUMBER _____

Expiry Date: ____/____

Visa MasterCard

CREDIT CARD HOLDER NAME _____

CREDIT CARD HOLDER SIGNATURE _____

CREDIT CARD HOLDER'S FULL ADDRESS _____

CREDIT CARD HOLDER PHONE NUMBERS:

Business _____ Fax _____ Residential _____