



# PAYMENT SUBMISSION SUMMARY FORM

Must accompany all payments and received within 10 days of batch or registration submissions

Member Name: \_\_\_\_\_  
(Club, Coach or Official)

Registrar's Name: \_\_\_\_\_ or Coach/Official registering

Registrar's Email: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Batch Number(s) or MREGID# included in payment

BATCH # or MREGID#		AMOUNT
1		
2		
3		
4		
5		
6		
7		
<b>PAYMENT TOTAL DUE:</b>		

### Payment Options:

Cheque

**Cheques must be received  
within 10 days of deadline**

Visa/MasterCard

**plus 2.75%**

Authorized Card

**plus 2.75%**

**NOTE: 2.75% CONVENIENCE FEE FOR CREDIT CARD PAYMENTS WILL BE ADDED TO TOTAL**

Visa     MasterCard

Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** Email is an unsecure method of sending sensitive information. If you chose to do so it is at your own risk. You may contact Nancy Parton at the office directly if you wish to give your information verbally  
Phone: 416-679-9522 x 221(Tuesday & Thursday)

Address: 12 - 89 Galaxy Blvd, Etobicoke, ON M9W 6A4

Email: [membership@ontarioartisticswimming.ca](mailto:membership@ontarioartisticswimming.ca)

**Attached with payment cheque or send via email for credit card payment within 10 days of batch submissions.**