



ATLANTA DIVING ASSOCIATION
2935 Grange Hill Way
Cumming, GA 30041
(770) 844-7710
www.atlantadiving.com

CREDIT CARD AUTHORIZATION FORM

I authorize Atlanta Diving to charge my monthly fees to my Visa/Mastercard account. I have listed all of the relevant information below.

Name on Card: _____

Billing address of card: _____
Street Address
_____, _____
City State Zip

Account Number: _____

Expiration Date: ____/____
Month Year

Three digit code on back of card: _____

Please bill to my VISA or Mastercard (please circle one)

X

Card Holder's Signature

Please scan and email back to Grant at atlantadiving@mindspring.com

Please fax back to Grant at 770-844-7310

Please mail back to Grant at 2935 Grange Hill Way Cumming, GA 30041