

Credit Card Charge Authorization Form

The undersigned _____ ESA N° _____

Born to _____ country _____ date _____

Address: city _____ Post Code _____

street _____ N° _____

ESA Point (if applicable) _____ ESA N° _____

Through the subscription of this form, I authorize the European Scuba Agency (ESA) to charge on the following credit card the amount of:

Euro _____

Payment reason _____

Credit card:



(*)The **security number** is mandatory and it is very important to improve security when buying online. The three-figure **security number** code is on the back of the card, in the cardholder signature space.

Credit card N° _____

Expiration date: _____ Security Number (*) _____

Cardholder name (in capital letter) _____

Authorized signature _____ date of birth _____

1. This authorization is valid only for the over brought back

2. This authorization is valid, until written repeal, also for the future transactions

3. I authorize the automatic charge of the ESA Professional / ESA Point Affiliation rate on the 1st January of every year, including the ESA First Aid Instructor Affiliation rate, if possessed. Written repeal excepted. The repeal communication must be sent to ESA offices within the date of 30st September of the previous renewal year.

Date _____ Signature _____