



## Credit Card Authorization Form- Recurring Billing Agreement

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email \_\_\_\_\_

Best Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### IVBC 2019-20 Season Team Fees

Player: \_\_\_\_\_

Team: \_\_\_\_\_

I authorize a recurring charge against my credit card for the following amount

\$ \_\_\_\_\_ once every month beginning \_\_\_\_/\_\_\_\_/\_\_\_\_

and ending after \_\_\_\_\_ payments.

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_