www.clevelandfieldhockey.org

Credit Card Authorization Form

Name on the Card: _____

Type of Card

- ☐ VISA
- ☐ MC
- ☐ DISCOVER
- ☐ AM EX

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Order/Invoice Number: _____

Amount: _____

Transaction Fee (4%): _____

Total amount: _____

Being the cardholder for the above debit or credit card, I understand and agree to the terms of this Authorization, agree to pay and specifically authorize Ahyodha Kishna and/or Cleveland Field Hockey Club, LLC to charge my debit or credit card for services provided. I further agree that in the event my debit or credit card becomes invalid, I will provide a new debit or credit card upon request, to be charged for the payment of any outstanding balance owed. I confirm that I have received the services contemplated by this Authorization.

Signature: _____ Date: _____