

2021-2022 Winter Training Programs

Credit Card Authorization Form

Email to: clefhc@gmail.com

Name on the Card: _____

Type of Card: VISA MC DISCOVER AM EX

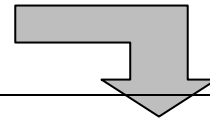
Account Number: _____ Expiration Date: _____ Security Code: _____

Billing Address: _____

City, State, Zip: _____

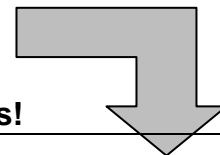
Phone Number: _____ Order/Invoice Number: _____

Pay in Full - CHECK ONE BOX ONLY



Program Name	Cost	Credit Card Fee	Total Today
U12	\$ 350.00	4%	\$364 <input type="checkbox"/>
U14	\$ 350.00	4%	\$364 <input type="checkbox"/>
U16	\$ 425.00	4%	\$442 <input type="checkbox"/>
U19	\$ 425.00	4%	\$442 <input type="checkbox"/>

Installment Plan - PAY HALF NOW AND HALF LATER



Check Two Boxes!

Program Name	Cost	Credit Card Fee	Total Today
U12	\$ 350.00	4%	\$182 <input type="checkbox"/>
U14	\$ 350.00	4%	\$182 <input type="checkbox"/>
U16	\$ 425.00	4%	\$221 <input type="checkbox"/>
U19	\$ 425.00	4%	\$221 <input type="checkbox"/>
			Total on January 24
U12	\$ 350.00	4%	\$182 <input type="checkbox"/>
U14	\$ 350.00	4%	\$182 <input type="checkbox"/>
U16	\$ 425.00	4%	\$221 <input type="checkbox"/>
U19	\$ 425.00	4%	\$221 <input type="checkbox"/>

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.

Signed: _____

Date: _____