



Credit Card Authorization Form - Recreational Program

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email _____

CREDIT CARD INFORMATION*

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature X _____ Date ____/____/____

Please complete the information below:

I _____ authorize Powell River Gymnastics & Cheer to charge my credit card
(full name)

for the amount of \$ _____ on September 1st 2018 and for the amount of \$ _____

on and after the 1st of the month starting on October 1st, 2018 and ending after 2 payments in November 2018.

This payment is to cover the monthly fees associated with gymnastics training at Powell River Gymnastics & Cheer
for _____.(child's name)

Signature

Date

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

***Please note that you are responsible for updating your credit card information.
There will be a NSF charge of \$25 if the card is declined.**