



CREDIT CARD AUTHORIZATION

Dedication • Passion • Professionalism

PLAYER NAME TEAM

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE - CARD TYPE MASTER VISA

The credit card information above is accurate and current. I authorize Campton United Soccer Club to charge my account as outlined in the Fee Structure 2009-2010 document.

PRINT NAME SIGN DATE

THIS FORM GOES DIRECTLY TO THE BOOKKEEPER. NO COPIES WILL BE MADE. NO CARD NUMBERS WILL BE USED OVER INTERNET. THE INFORMATION WILL BE SHREDDED UPON COMPLETION OF THE 2009-2010 YEAR.