



2020 - 21 CLUB SEASON CREDIT CARD AUTHORIZATION FORM

PLAYER NAME: _____

PLAYER TEAM: _____

CARDHOLDER NAME: _____

CARD NUMBER: _____

VISA _____ MC _____ AMEX _____ DISC _____

EXPIRATION DATE: _____

CVV #: _____

ZIP CODE: _____

CARDHOLDER EMAIL: _____

CARDHOLDER PHONE #: _____

I authorize Attack Volleyball Club to use this credit card for a one-time payment for dues as outlined in the Attack Club Contract

I authorize Attack Volleyball Club to use this credit card for the initial down payment and each monthly payment for all of my daughter's dues as outlined in the Attack Club Contract

Authorized Cardholder Signature: _____

Date: _____

SPECIAL INSTRUCTIONS: _____
