

SEAL BEACH VOLLEYBALL CLUB (please print legibly)

2023/2024 CREDIT CARD AUTHORIZATION FORM

(Visa, MC, American Express & Discover Credit & Debit Cards Accepted)

| Player's Name: | |
|-------------------------------|--|
| Team (# and color): | |
| Parent Name: | |
| Card Type (Visa, MC, etc): | |
| Cardholder Name: | |
| Credit Card #: | |
| Expiration Date: | |
| CVV Code: | |
| Billing Address: | |
| Zip Code: | |
| Contact Phone #: | |
| Contact email address: | |
| Total Amount Authorized: | <u>\$</u> |
| Pay in Full: | Pay in Full |
| Installment Payments: | Installment Payments (per schedule in Club Information Packet) |
| Other Charges: | I also authorize SBVBC to charge my card for upcoming travel tournaments (dates & amounts TBD) |
| Authorized Signature | X |