

(This button will pull up an email with this form attached to work correctly)

Bethesda Soccer Club Inc Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information

Parent/Guardian Name: _____ Phone: _____ Contact email for acknowledgement _____

Player Name _____ Team _____ Age Group _____ Yearly Fee: _____

Payment Information

Text

I authorize Bethesda Soccer Club to charge the card listed below for the Initial deposit:

Amount: \$250.00 Date: _____ Due Date July 15, 2011

I authorize Bethesda Soccer Club Inc to automatically bill the card listed below as specified:

Amount: \$		Sept 15	Dec 15
_____	Frequency: 6 monthly payments to be withdrawn as follows:	Oct 15	Jan 15
		Nov 15	Feb 15

Start billing on: Sept 15, 2011

I authorize Bethesda Soccer Club Inc to automatically make a **ONE-TIME** charge to my card in the amount of:

Amount: \$

_____ Date: _____

Credit Card Information

Bethesda Soccer Club Inc accepts the following credit cards: **Visa, MasterCard, Discover, American Express**

Credit card type: _____ Credit card number: _____ Expires: _____

Cardholder's name: _____ Cardholder's Zip code (required): _____ CID Code from back _____

(as shown on credit card) _____ from credit card billing address _____

Customer's signature:

Date:

Return by: 1. Clicking on "Submit by email" above or **2.** Print and fax to (301) 695-6956 **3.** Print and email to wsheasley@bethesdasoccer.org. **Please print a copy for your records.**

You will receive an acknowledgement of receipt by email within 3 days. If you do not, please contact us.