



Wilkes-Barre Junior Pens Automatic Authorization Credit Card Form

2017-2018

Player Name: _____

Monthly amount: \$ _____ Number of payments: 5

Above amount will be charged on or about the 15th of June, July, Aug, Sept, and Oct

Automatic Credit Card Payment Authorization

I hereby authorize the Wilkes-Barre Junior Pens to automatically process my monthly payment on or about the 15th of above listed months using the credit card listed below.

Credit card type (Please check one):

MASTERCARD VISA

CARD NUMBER: - - -

EXP DATE: / CVV #:

Name on Card: _____

Credit Card Billing Address: _____

(Street)

(City)

(State)

(Zip)

This authorization is to remain in full force and effect until full payment is satisfied or we receive written notification from you terminating this agreement. Written termination of this agreement requires approval from the Wilkes-Barre Junior Pens Board.

Printed Name: _____ Date: _____

Signature: _____