

**ESSEX 73's JUNIOR HOCKEY CLUB**  
**Credit Card Authorization Form**

<b>Organization Information:</b>			
Name:			
Contact Name:		Contact Position:	
Address:		City:	Postal Code:
Phone Number:		Fax Number:	
Alternate Contact:		Alternate Phone Number:	
Email Address:			
Website URL:			

<b>Monthly Billing Information:</b>	
Name on Credit Card: Credit Card	
Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Number on Card: Expiration:	
Security Code:	
Note: The security code is a 3 digit code on the back of MasterCard and Visa and a 4 digit code on the front of American Express Cards	

<input type="checkbox"/> Please apply the full amount of the pre-authorized payment to the provided credit card on the last business day of each month until further notice.
--

<b>Declaration</b>
By signing my name on the line, I/We warrant and guarantee that the information provided is true and correct. I/We authorize withdrawals from the credit card listed above. You may wish to print this document for your own records.

Name of Authorized Agent:		Position:	
Signature of Authorized Agent:		Date:	