



Player Name: _____

Team: _____

I _____ authorize St. John's Minor Hockey Association to charge my credit card
(Cardholder's Full Name)

account indicated below for \$200 (\$100 per jersey) on April 30, 2024 if the provided All Star jerseys are not returned by this date, or if the jerseys are damaged beyond reasonable repair, so that the Association can purchase replacement jerseys.

By signing this form, you give St. John's Minor Hockey Association permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Card Details

Visa MasterCard American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVC ____

I authorize St. John's Minor Hockey Association to charge the credit card indicated on this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(cardholder)

DATE _____