



Didsbury Rec Hockey Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled, or until volunteer requirements are met.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder Postal Code (from credit card billing address):	_____

I, _____, authorize Didsbury Rec Hockey to charge my credit card above for agreed terms of the volunteer commitment. I understand that my information will be saved to file for future transactions on my account and will only be charged if the volunteer commitment is not fulfilled.

Customer Signature

Date