

CREDIT CARD AUTHORIZATION FORM

Olds Minor Soccer Club

Cardholder Information:

Name (as on card): _____

Billing Address: _____

City / Prov / Postal Code: _____

Phone: _____ Email: _____

Credit Card Information:

Card Type: ☐ Visa ☐ Mastercard ☐ Amex

Card Number: _____

Expiry (MM/YY): _____ CVV: _____

Authorization:

I, _____ (print name), authorize Olds Minor Soccer Club to charge my credit card for the amount(s) and purpose(s) listed below:

Amount Authorized: _____ Purpose: Jersey Bond

This authorization constitutes a jersey bond for players registered within Olds Minor Soccer Club. The credit card information provided shall be retained on file and no charge shall be processed provided the player's jersey is returned no later than one week after the season has ended in a good, clean, and reusable condition, as determined by the Club. Upon satisfactory return of the jersey, this authorization shall be destroyed.

Card Verification:

Olds Minor Soccer Club reserves the right, at its discretion, to verify the validity of the credit card and the identity of the cardholder, including requesting to view the physical card and government-issued photo identification, prior to processing any transaction.

Acknowledgment & Signature:

I certify that I am an authorized user of this credit card and agree not to dispute charges that comply with this authorization.

Signature: _____ Date: _____

Printed Name: _____