

PNA SOCCER ACADEMY

I, _____, authorize the PNA Soccer Academy to charge my credit card for any outstanding charges (including fees and trips) for _____ (players name).

I understand that 10 days after the due date if my outstanding charges are not paid then my credit card will be charged.

I also understand that it is my responsibility to update the PNA Soccer Academy with any credit card changes.

My credit card information is as follows:

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code (last 3 digits on back): _____

Zip code of billing address: _____

Circle one: MasterCard/VISA

The following is a list of dates my credit card will be charged:

<u>Due Date</u>	<u>Date Card Charged</u>
February 10	February 20
May 10	May 20
September 10	September 20
November 10	November 20

I agree to pay the total amount owed on my account according to card issuer agreement.

Cardholder Signature

Date