



CREDIT/DEBIT CARD AUTHORIZATION FORM

Player Full Name: _____

Age: U- _____ Gender: M F (circle one) Player's DOB __ / __ / ____

Parent Full name: _____

Credit Cardholder Full Name: _____

Cardholder Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Circle One: Visa MasterCard

Credit Card Number: _____

Exp. Date: _____ CSV#: _____

One-time dollar amount to be charged: _____

Monthly dollar amount to be charged (if setting up payment plan card will be charged on the 1st of each month until balance paid in full): _____

Pike Soccer Club will charge your credit or debit card the appropriate deposit upon receipt of this form.

By agreeing to this form and your signature above you are authorizing Pike Soccer Club to charge your credit/debit card on or before the 1st of each scheduled month the amount designated to be charged. You also agree to the payment plan as described in this document. You may cancel this agreement at any time in writing.

By agreeing to this form and your signature above you have completely read Pike Soccer Club / Indy Burn's refund and injury policy.

In event your credit/debit card is denied at any point your child's playing privilege will be suspended until all balances are current.

Return form to:
Pike Soccer Club
PO Box 532472
Indianapolis, IN 46253