

הליכה בדרכיו



# VALLEY TORAH WOLFPACK ATHLETICS

## Automatic Credit Card Billing Authorization Form

### Athletics Payment Plan 2017-2018

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

#### Customer Information (To be completed by merchant)

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Sport: \_\_\_\_\_ Total Fees: \_\_\_\_\_ Fees paid: \_\_\_\_\_ Fees Owed: \_\_\_\_\_

#### Payment Information (To be completed by merchant)

I authorize VALLEY TORAH HIGH SCHOOL to automatically bill the card listed below as specified:

Amount per payment: \$ \_\_\_\_\_ Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  
 Quarterly  Semi-Annually  Annually (Check only one)

Start billing on: \_\_\_\_/\_\_\_\_/\_\_\_\_ End billing: After \_\_\_\_ Payments

#### Credit Card Information (To be completed by customer)

VALLEY TORAH HIGH SCHOOL accepts the following credit cards: **Visa, MasterCard, American Express, Discover**

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_\_  
Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
\_\_\_\_\_  
(as shown on credit card) (from credit card billing address)  
Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_