



Upper Deck Travel Ball
3290 Suntree Blvd. #102
Melbourne, FL 32940

Date: _____

Player Name: _____

Credit Card Payment Authorization

As parent/guardian, my signature below authorizes Upper Deck Travel Ball to automatically charge my credit card account monthly for payment of total dues due. In the event that authorization or approval for use of my card is denied, for whatever cause, I understand that late fees will accrue in accordance with my Player/Parent Agreement.

I understand that it is my obligation to provide 7 days written notice of my intention to change my credit card for payment or remove my card from automatic payment.

This authorization will remain in force until any of the following occurs:

1. Written notice is given by me to terminate this agreement.
2. My credit card expires at which time I must re-present an active credit card and sign a new Credit Card Payment Authorization form to continue service.
3. My player is no longer playing, and I have paid all balances due along with signing a player termination/quit form.

Name: _____

Last 4 digits of card _____

Address: _____

City: _____ St: _____ Zip _____

Phone: _____

Email: _____

Once info is entered tear off bottom and destroy

Print Name as it appears on card

Print CREDIT CARD BILLING ADDRESS and ZIP CODE if different from above.

Account Number CVV2

Expiration Date: _____

Card Holder Signature Date