

# OVIEDO VOLLEYBALL ACADEMY

## 2021-2022 CREDIT CARD AUTHORIZATION FORM

Oviedo Volleyball Academy requires recurring credit card payment for player dues.  
Credit cards will be charged the first of every month.

### PLAYER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Player Cell Phone: \_\_\_\_\_ Player Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (as of 7/1/2020): \_\_\_\_\_

### PARENT INFORMATION:

Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT INFORMATION:

I, \_\_\_\_\_, authorize **Oviedo Volleyball Academy** to charge my credit card as indicated below for a total of \$\_\_\_\_\_, payable over a specified number of months as outlined in the attached fee schedule, and hereby waive any right to dispute or request a chargeback of such charges.

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify **Oviedo Volleyball Academy** of any changes to my account information or termination of this authorization in writing at least 15 days prior to the next billing cycle. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company so long as the transactions correspond to the terms indicated on this authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visa

Master Card

Discover

Cardholder Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVN (CCV): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

