

## CREDIT CARD AUTHORIZATION AND CONSENT FORM

I, \_\_\_\_\_ hereby authorize

DFW High Intensity Volleyball to charge my credit card in the event that I fail to make timely monthly payments fulfilling my financial obligation for participation in the 2011-12 USA Volleyball season.

Type of Card    Visa    MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Credit Card billing address: \_\_\_\_\_  
\_\_\_\_\_

Total amount to be charged: \_\_\_\_\_ Dollars per month for payments more than two weeks past due (\$500 for teams 14U-18U, \$250 for teams 13U).

Authorized Signature of Cardholder \_\_\_\_\_

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment. I acknowledge and accept terms and conditions of DFW High Intensity listed online at [www.dfwvolleyball.net](http://www.dfwvolleyball.net).

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

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