

Esperanza Women's Soccer Boosters Club



Supporting the *Tradition of Excellence* at Esperanza High School

One Time Credit Card Payment Authorization Form

2018-19 Season

Sign and complete this form to authorize Esperanza Women's Soccer Boosters Club to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

*****REMEMBER*** Our Boosters is non-profit. All donations are TAX DEDUCTABLE!
Tax ID #33-0676971**

Please complete the information below:

I, _____, authorize Esperanza Women's Soccer Boosters Club to charge
(full name)

my credit card account indicated below for _____ on or after _____. This payment
(amount)** (date)

***please add a 3% convenience fee to the amount*

is for _____.
(description of good/services)

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ Security Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please scan this form and email it to **Tracy Molenaar, tracymolenaar@gmail.com**