

North Andover Youth Hockey League

Credit Card Payment Form

PARENT/GUARDIAN Name (on credit card): _____

SIGNATURE: _____

Street Address: _____

Note that address must be the same as on file with the credit card.

Town: _____ State: _____ Zip: _____

Name(s) and level of player(s) for whom you are paying:

Name: _____ Level (Mite, SQ, PW, etc.): _____

Name: _____ Level (Mite, SQ, PW, etc.): _____

Name: _____ Level (Mite, SQ, PW, etc.): _____

CHECK ONE OR BOTH:

_____ I authorize NAYHL to process a one time transaction for registration for the 2010-2011 season in the amount of \$275 for each of the above players.

_____ I am signing up for the "Deferred Payment Plan" and authorize NAYHL to process a monthly charge to the credit card noted below in the amount of \$200 for each of the above players. The \$200 monthly amount will be automatically charged to my credit card on or around the 1st of each month from May 1, 2010 through December 1, 2010 (eight payments of \$200 per player). I understand that if my credit card charge is not processed for any reason then I will be notified by NAYHL and asked for another method of payment. NAYHL enforces a "No Pay, No Play" policy and I agree to provide payment in full as per this payment schedule.

Credit Card Number: _____

Note: 16 digits for VISA or MasterCard or Discover. 15 digits for American Express.

Expiration Date (MM/YY): _____

Note: Card should not expire before 12/10. If it does, we will need the new credit card once it expires.