

FCHA Credit Card Payment Form



Franklin County Hockey Association (FCHA) ♦ P.O. Box 411, Greenfield, MA 01302-0411 ♦ www.fcha.org

Name on credit card _____

Player's Name _____

FCHA Team _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Please charge my credit card for:

- Initial Registration Fee (see registration form): \$ _____
- Monthly Dues – charged on the 1st of the month: \$ _____
- One Time Payment of: \$ _____
- Donation to FCHA / Other (specify): \$ _____
- _____

American Express MasterCard Visa

Credit card number: # _____ - _____ - _____ - _____

Exp. Date ____ / ____ CVV #: _____ (3 or 4 digit security code on back of card)

Cardholder Signature & Date

Terms and Conditions: FCHA Credit Card Payment Policy states that it is the responsibility of the cardholder to notify FCHA of any changes in your credit card. If payment is denied for any reason, you will be notified by FCHA in the form of a statement. All other applicable FCHA policies apply. By signing this form you are agreeing to these terms and conditions.

Any questions?? Please email adminasst@fcha.org