



DESERTHEAT 2016

Automatic Credit Card Billing Authorization Form

To enjoy the convenience of automatic billing, please complete the Credit Card Information section below and sign this form. Upon approval, we will automatically bill your credit card as noted below and on the 1st and 15th of the month accordingly. Your total charges will appear on your monthly card statement.

Member Information:

Parent Name: _____ Athlete Name(s): _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

I authorize DESERT HEAT to automatically bill the card listed below as indicated. The first payment will be billed when your form is received. All future payments will start on the 1st of June and continue based on your payment plan. All payments must be finalized by the 1st of July. Declined credit card transactions fee is \$15 per declined transaction. **Fees will not be prorated for any reason.**

How many payments would you like to make? Please Circle one: 1 2 3 4

Based on your choice above, please fill out the dollar amount for each payment below that will be charge. For example, if you only want to make 2 payments then you will only fill out the first two lines only.

\$ _____ 1st Payment- billed when received. Please place the dollar amount in the blank that you would like to be charged.
(dollar amount)

\$ _____ 2nd Payment- Charged June 1st. Please place the dollar amount in the blank that you would like to be charged.
(dollar amount)

\$ _____ 3rd Payment- Charged June 15th. Please place the dollar amount in the blank that you would like to be charged.
(dollar amount)

\$ _____ 4th Payment- Charged July 1st. Please place the dollar amount in the blank that you would like to be charged.
(dollar amount)

Credit Card Information

Credit Card Number: _____ Expiration: _____

Name on card: _____ CSC: _____

Billing Address Street: _____

City: _____ State: _____ Zip Code: _____

Cardholder's Signature: _____ Date: _____