Millbrook Youth Hockey Association, Inc.
PO Box 682 - Millbrook, NY 12545
www.millbrookyouthhockey.org

2015-2016 Payment Plan Information & Credit Card Authorization Form

Player Name: _____ Phone #:_____

Team: _____ Coach: _____

Name of cardholder (print exactly as it appears on the credit card):

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Circle one: Mastercard Visa Discover

Credit Card #: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Expiration date (exactly as it appears on the credit card): _____

Security Code (3-digit number on the back of the card): _____

Mailing Address ***(include Zip Code):*** _____

Team EXAMPLES	*Season Fee*	*Amount Paid to Date*	*Total Due*	*JULY 15 payment*	*AUG. 15 payment*	*SEPT. 15 payment*	*OCT. 15 payment*	*NOV. 15 payment*	*DEC. 15 payment*
SQUIRTS	*$1,400*	*$250*	*$1,150*	*$200*	*$200*	*$200*	*$200*	*$200*	*$150*
PEE WEES	*$1,600*	*$250*	*$1,350*	*$250*	*$250*	*$250*	*$250*	*$250*	*$100*
MIDGET 16U	*$1,150*	*$250*	*$900*	*$200*	*$200*	*$200*	*$200*	*$100*	
MIDGET 18U	*$920*	*$250*	*$670*	*$110*	*$110*	*$110*	*$110*	*$110*	*$120*

By my signature below, I hereby authorize Millbrook Youth Hockey Association, Inc. to automatically process the credit card installment payment amounts that I have indicated in the table below on the dates listed for each payment amount.

Player Name	*Season Fee*	*Amount Paid to Date*	*Total Due*	*JULY 15 payment*	*AUG. 15 payment*	*SEPT. 15 payment*	*OCT. 15 payment*	*NOV. 15 payment*	*DEC. 15 payment*

I understand that I may pay off my balance early if desired, and that failure on my part to pay the entire season fee by December 31st will result in my child being prohibited from participation in any MYHA activities until such time as the fee is paid in full.

Date: _____/_____/_____ Signature: _____
month day year