



CREDIT CARD AUTHORIZATION
PO Box 852 11151 Keele St., Maple, ON, L6A 1S8
T. 905.832.0911 F. 905.832.0624
www.vaughansoccer.com

ALL BELOW FIELDS MUST BE FILLED OUT

I, the undersigned authorize the Vaughan Soccer Club Inc., to charge my credit card as listed below the sum of \$ _____

I will not dispute this charge at any time.

Visa _____

Mastercard _____

Account # _____

Expiry Date ____ / ____
MM YY

3 Digit Security # _____
(this number is found on the back of the credit card)

Payment is for:

Please Print Clearly

Signature

Dated ____ / ____ / ____
MM DD YYYY