



## American Youth Soccer Organization 2019 National Games, Hawai'i



### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **AYSO 2019 National Games Hawaii** to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to charge your credit card account for the amount indicated below on or after the date received.

AMOUNT: \$ \_\_\_\_\_

Name (as shown on your credit card): \_\_\_\_\_

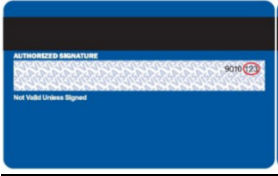
Billing Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

Type of Credit Card:            VISA                                    MASTERCARD

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code (3-digit number on back of Visa/MC): \_\_\_\_\_



VISA &  
 MASTERCARD  
 3-digit verification  
 code on back of card

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***FOR SECURITY REASONS, we recommend that you submit this form by mail or fax. Sending your credit card information through email has a lower level of security.***

Mail or Fax form to:    AYSO National Games  
 Attn: Roberta Vitelle  
 95-1005 Alaume St.  
 Mililani, HI 96789

Fax No.: (808) 471-0102