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