



Credit Card AUTHORIZATION FORM

Every athlete MUST turn this form in for our files

Athletes Name (Print)

Bank Information

Name of Bank/Financial Institute: _____

Type of Card: _____

Card #: _____

Exp. Date: _____

CVC Code: _____

Billing Address: _____

Name as it appears on the account: _____

Phone #: _____

Alternate #: _____

I have read and signed the financial policy of Midwest Cheer Elite, Columbus. I am authorized to sign on the account listed above and I certify that all the information above is complete and accurate. I hereby authorize Midwest Cheer Elite, Columbus to collect payment for fees due by processing a debit to the account listed above. I understand that if the charge should be returned, a \$35.00 returned item fee would be assessed. I also understand that this card may be charged at any time for any past due balance with MCE, Cbus. **I am aware that there is a 3% fee added to all credit card transactions.**

**I would like my account
set for auto pay: _____**

Special Instructions: _____
