



Traverse City Figure Skating Club Monthly Credit Card Payment Form

Fall/Winter
 Spring
 Summer

Card Type	
Name on Card	
Billing Address	
Zip Code	
Card Number	
Expiration Date	
Security Code	

<i>Date</i>	<i>Amount \$\$</i>	<i>Authorized Signature</i>	<i>Initial and Date when completed</i>

I hereby authorize Traverse City Figure Skating Club to charge my monthly Ice Contract payments to my credit card on file on the first of the month. I also understand that there will be a monthly processing fee of \$5 incurred for this automatic payment service.

Signature

Date

Form will be kept with the treasurer and returned at the end of the season with credit card receipts attached