

Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



CREDIT CARD AUTHORIZATION FORM



This form must be printed or typed and sent to the MSYSA State Office at: 9401 General Drive, Suite-120, Plymouth, MI 48170.

FAX: 734-459-6242 Attn: Purpose of Charge: Participant's Name: (Player name/ Coach name/ Team name (Type of MSYSA Form/Event/Program) Home Phone: Work Phone: Fax Number: Include Area Code Include Area Code Include Area Code **Credit Card Processing Information** Type of Card (Check One): Credit Card Holder's Name: **Email Address:** Must match exactly as printed on card payment receipt emailed to this address Receipt Desired Billing Address: City: State: Zip: Credit Card Number: Expiration Date: Verification Number: Located on back of card in signature box Plus a Service charge of \$5.00 for Guest and Ind. Amount of Charge: = Total Charge: Outstate a 5% for Vouchers and all other charges. Signature: Date: THIS FORM IS INVALID UNLESS THE CREDIT CARD HOLDER'S SIGNATURE APPEARS ON THE LINE ABOVE For Office Purpose Only: Date Received: Amount of Charge: Approval Number: Transaction ID: