

North Sound Elite Credit Card Authorization Form



To help keep our costs as low as possible - preferred electronic payment is preferred.
The amount listed below will be charged to your credit card on the 1st of each Month to pay for the required training sessions.

Instructions

1. Complete the form by printing legibly with a dark pen.
2. Sign with the credit card holder's signature on the line indicated.
3. Please indicate if you have two or more children training in the program.

I, _____, hereby authorize North Sound Elite to charge my credit card account in the amount of _____ (Fill in the value based on the team cost) for _____ (Name of children/child)

If you want team fee's to be deducted 1% will be added to the team fee. (Check here) _____

Type of Card: ___ VISA ___ MASTERCARD

Credit Card Number _____

Expiration Date: _____ CVC Code _____ (last three digits on the number on the back of the card)

Credit Card Billing Address

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ EMAIL: _____

By completing this form, the undersigned has authorized North Sound Elite to automatically debit the above account as indicated. The service will remain in effect until you provide written notification to discontinue the service to the address indicated below or in the event that you receive written notification from North Sound Elite that automatic payment is no longer warranted.

Cardholder's Signature: Date: _____

All information entered on this form will be kept strictly confidential by North Sound Elite

North Sound Elite
8911 Vernon Road #128
Lake Stevens, WA 98258
www.northsoundelite.com