

Desert Youth Hockey Association

1520 N. McClintock Drive
Tempe, AZ 85281
480-941-0944

Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You will be charged on the 15th of the month per the Payment Fee Schedule provided for your specific team. If this falls on a weekend or holiday, your credit card will be processed on the next business day. If you would like to change your form of payment (cash/check/money order or use a different credit card), payment must be made on/before the 10th of the month. Please contact Jacque at Jacque.Gomez@dyha.org if you have any questions.

In conjunction with the signing the Arizona Amateur Hockey Association Player/Association Commitment Letter for Player to be a member of Desert Youth Hockey Association team for the 2014-2015 season, I/We the undersigned Parents/Guardians do hereby promise to pay to Desert Youth Hockey Association (DYHA), the balance due as indicated on the specific team Payment Fee Schedule. In return, DYHA promises to provide player a roster spot/membership on the team outlined in the accompanying Arizona Amateur Hockey Association Player/Association Commitment Letter.

I understand that the termination of this credit card authorization agreement or my inability to pay the obligated fees with the credit card listed below in no way alleviates my responsibility for the balance of the player fees owed to DYHA. All fee payments shall be paid as outlined in the terms established for my team and by the DYHA policies.

Please complete the information below:

I _____ authorize Desert Youth Hockey Association to charge my credit card indicated below on the 15th of each month for the 2014-2015 Season Player Fee payments.

Billing Address _____

City, State, Zip _____

Home Phone # _____ Mobile # _____

Email _____

I authorize Desert Youth Hockey Association to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

Cardholder Name _____

Account Number _____

Expiration Date _____

Card Verification Code _____ (3-digit number on back of Visa/MC or 4-digit on front of AMEX)