



Michigan Storm Cheer and Dance

1111 E. Wackerly St

Midland, MI 48640 (989)859-3728

Credit Card Authorization Form CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

PAYMENT INFORMATION

Payment Purpose: _____

I authorize a **ONE TIME CHARGE** against my card for the following amount \$ _____

on ____/____/____.

AUTO PAY - I authorize a recurring charge against my card for the following amount \$ _____ once every month on the ____ of the month, beginning ____/____/____ and ending ____/____/____.

DEFAULT PAY – Unless I pay the amount due on or before the 7th of each month beginning ____/____/____, I authorize a recurring charge against my card for the following amount \$ _____ once every month on the 8th of the month, beginning ____/____/____ and ending ____/____/____.

I authorize a one-time charge against my card in the amount of **\$250** if I choose to not fulfill my commitment for the 2014-2015 season, after my 90 grace period ends on ____/____/____.

CREDIT CARD INFORMATION

Credit Card Type: Master Card Visa Discover Card

Number: _____

Expiration Month: _____ Expiration Year:: _____ Security Code: _____

I understand and agree to these terms and am entering this agreement of my own free will.

Cardholder Signature X _____ Date ____/____/____