



## Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until cancelled after return of the SMHA jerseys or the end of the Winter season.

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| <b>Credit Card Information</b>   |
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX |
| Cardholder Name (as shown on card):  |
| Card Number:   |
| Expiration Date (mm/yy):   |
| Email:   |
| Address & Postal Code (credit card billing address): _____<br>_____  |

I, \_\_\_\_\_, hereby authorize Strathcona Minor Hockey Association (SMHA) to charge my credit card above for \$250.00 if I do not return the SMHA jerseys (both sets) at all or in good condition, normal wear and tear on the jerseys do not apply to this fee. I hereby authorize and understand that my information will be saved until the closure of the given hockey season's financial records.

\_\_\_\_\_  
SMHA Member / Card Holder  
Signature

\_\_\_\_\_  
Date