



AUTOMATIC CREDIT CARD AUTHORIZATION FORM

SKATERS NAME: _____

PROGRAM: _____

I _____, do hereby authorize "The Gloucester Skating Club Inc." to charge the following monthly payments to my **VISA / MASTERCARD** (circle one).

WINTER 2012

DATE (1st day of month)	Amount	Batch No.
<i>Outstanding Account Bal./Cr. as of October 31, 2011</i>		
December 1 st , 2011		
January 1, 2012		
February 1, 2012		
March 1, 2012		

Personal Information:					
Name of Cardholder:					
Address:					
City:		Province:		Postal Code:	
Phone Number:		Work:		Cell:	

Signature: _____ Date: _____

<u>CREDIT CARD INFORMATION:</u>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
Card Number _____ - _____ - _____ - _____		
Expiration Date: (Y) _____ / (M) _____		