

Abundant Life Academy
Credit Card Authorization Form
-Sports/Athletics-

Please provide the information requested below and send to:
Abundant Life Academy, P.O. Box 402, Kanab UT 84741

\$ _____

Credit Card Information

Visa MasterCard

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

3 digit Code on Back (visa only): _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

****If a bank outside the US issued the credit card you are providing, please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying****

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Abundant Life Academy to charge my credit card, for the services provided. I understand and agree to allow my child to participate in the ALA Athletics/Sports Program. Abundant Life Academy will provide me with an itemized statement detailing any charges. I further agree that in the event my credit card becomes invalid, I will provide Abundant Life Academy with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Abundant Life Academy.

Cardholder Signature: _____

Printed Name: _____

Date: _____