



**TEXAS PREMIER F C
PAYMENT AUTHORIZATION FORM
2008-09 SEASONAL YEAR**

By signing this form, I am authorizing Texas Premier F C to debit my credit card on the first of the month, for training fees for the listed player. A separate form must be completed for each player within the TPFC program. This authorization form is to remain in full force and effective through May 31, 2009, or until TPFC has received written notification from the cardholder. This authorization form will only be used for training fee payments.

PLAYER(S) NAME: _____

MANAGER'S NAME: _____

CREDIT CARD TYPE: (Visa or Mastercard only) _____

CREDIT CARD NUMBER: _____

THREE DIGIT SECURITY NUMBER (found on back of card) _____

EXPIRATION DATE: _____

CARD HOLDER'S NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CARDHOLDER'S SIGNATURE: _____

DATE: _____

PLEASE NOTIFY US OF ANY CHANGE OF INFORMATION ON THIS FORM.