



Fall / Winter Indoor 2021-2022  
**CREDIT CARD AUTHORIZATION FORM**  
PO Box 852 11151 Keele St., Maple, ON, L6A 1S8  
T. 905.832.0911 F. 905.832.0624

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**ALL BELOW FIELDS MUST BE FILLED OUT**

I, the undersigned authorize the Vaughan Soccer Club Inc., to charge my credit card as listed below the sum of \$ \_\_\_\_\_

**I will not dispute this charge at any time.**

Visa \_\_\_\_\_

Mastercard \_\_\_\_\_

Account # \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_      3 Digit Security # \_\_\_\_\_  
MM      YY      (this number is found on the back of the credit card)

Name (as it appears on the Card) \_\_\_\_\_  
*Please Print*

Name of Player(s) Being Registered:

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*Please Print Clearly*

\_\_\_\_\_  
Signature

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM      DD      YYYY