VISA PAYMENT FORM

(PRINT CLEARLY)
For Mail-In registrations paying by VISA only
Attach to returning application form

VISA CARD #:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE: ☐☐ / ☐☐ (**FULL** payment required)

PAYMENT AMT:_____

Name on Card(print):_____

I hereby authorize the East York Skating Club to credit my VISA account for the above amount.

Cardholder Signature: _____

OFFICE USE ONLY

Date:_____

SKATER NAME(S): _____

PAYMENT FOR:_____

BREAKDOWN:_____

REF/TRANS#:_____

AUTHORIZATION#:_____