Credit Card Authorization Form

The Express Baseball Club LLC · 3701 Cockrell Ave, Fort Worth, TX 76110 · (682) 600-7999

Use this form only when the online parent portal is not available. Complete every field, sign, and return it in person or by a secure method you arrange with the club. Do not send card numbers by regular email or text message.

PLAYER

Player full name

Team / age group

Season / program

CARDHOLDER & BILLING ADDRESS (MUST MATCH THE CARD STATEMENT)

Cardholder name (exactly as on card)

Relationship to player

Billing street address

City

State

ZIP code

Country

Phone

Email (for receipts)

CARD INFORMATION

Card type

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card number

Expiration (MM/YY)

Security code (CVV)

PAYMENT AUTHORIZATION

Charge type

☐ One-time charge ☐ Recurring monthly payments ☐ Remaining balance / other

Amount per charge ($)

First charge date

Number of payments (if recurring)

Day of month charged

What this payment is for (membership option, camp, fees, etc.)

I authorize The Express Baseball Club LLC to charge the credit card listed above for the amount(s) and schedule shown on this form, including recurring monthly charges until the number of payments listed is complete or my membership is cancelled according to my Participation Agreement. I confirm I am the cardholder or am authorized to use this card, and that the billing information above is correct. I understand charges are processed securely through Authorize.net and that the card information is stored only with the payment processor. I agree not to dispute or charge back any payment made according to this authorization and my Participation Agreement, and to contact the club at (682) 600-7999 with any billing question. This authorization stays in effect until the payments above are complete or I cancel it in writing, subject to the cancellation terms of my Participation Agreement.

☐ I have read and agree to this authorization (required)

Cardholder signature (type full name to sign electronically, or sign by hand after printing)

Date

Printed name

FOR OFFICE USE ONLY

Entered in Authorize.net by: _____ Date: _____ Transaction / Subscription ID: _____ Last 4: _____