



ATC Credit Card Authorization Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please Print Clearly

Name:		Today's Date:	
Street Address:		House / Apartment #	
City:	State/Zip:	Primary Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

CREDIT CARD AUTHORIZATION

To ensure uninterrupted service, I authorize the YMCA to charge my credit card for tennis services rendered (court time and instruction), membership payments and/or contributions. I am responsible for providing updates to my billing information on file in the case of expiration or card number changes by completing a new credit card authorization form. I will notify the YMCA in writing if I need to make any other changes to my billing information.

Name on card:	Signature of Cardholder:	
Billing address for card if different from above:		
Account #:	CVC #:	Expiration Date:

After you've completed this form, please return to the front desk or scan and email to atctennis@ymcadc.org.