

Little Elm Athletics
Credit Card or Bank Draft Authorization Form

Name of Participant: _____ Birthday: _____

Team Name: _____ Amount to be charged: _____

Phone Number: _____ Email (for receipt): _____

League Year/Season: _____ League Type: _____

Credit Card Authorization

Type of card: VISA MasterCard Discover

(If you would prefer to pay with a credit card over the phone, please list the best number to call between 8am-5pm, Monday-Friday and our office will contact you for payment. Payment must be received by 1st game, or the player/team may be removed from the roster/league)

Credit Card #: - _____

Expiration Date on Credit Card: _____ / _____

Printed Name of Card Holder: _____

Phone Number of Credit Card Holder: (___) _____ - _____

Billing Address of Credit Card Holder:

Street	City	State	Zip
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OR

Bank Draft Authorization (attach voided check)

Printed Name of Bank Account Holder: _____

Phone Number of Bank Account Holder: (___) _____ - _____

Billing Address of Bank Account Holder:

Street	City	State	Zip
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Name of Bank: _____

Bank Account #: _____ Routing #: _____

The Town of Little Elm is hereby authorized to draft my bank account or credit card, as listed above, for the Amount to be charged listed above for participation in its Adult Athletics league. I understand that failure to pay this charge will result in removal from any leagues or rosters with the Town of Little Elm Athletics. All payments must be made before the first game.

I authorize this information to be kept on file for future use: Yes _____ No _____

Signature of Card Holder: _____

Date: _____

