

REBELS / HAWKS / LADY ISLANDERS
Recurring Payment Authorization Form

LONG ISLAND REBELS / DIX HILLS HAWKS / LADY ISLANDERS

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. You may cancel this automatic billing authorization at any time by contacting us. (There is no service charge for recurring payments)

PLAYER INFORMATION

Players Name _____

Players Team _____

Players Organization (circle one) Rebels Hawks Lady Islanders

CREDIT CARD INFORMATION

Card Type (circle) Mastercard Visa Amex

Cardholder Name (as shown on card) _____

Cardholder Billing Address _____

Cardholder Zip Code _____

Email Address _____

Card Number _____

Card Expires _____ Card CVV Code _____

PAYMENT INFORMATION

I authorize the Long Island Rebels / Dix Hills Hawks / Lady Islanders to automatically bill the card listed above on the first of each month as follows:

Amount \$ _____ (Based on scheduled team tuition payments).

From: (1st Month) _____ to (Last Month) _____

Cardholders Signature

Date