



Electronic Payment Information

September 1, 2011 to August 31, 2012

Name: _____

PAYMENT BY CREDIT CARD (Visa or MasterCard)

I, _____, authorize Evergreen Squash Club to charge me:
(Name)

For the one-time payment of \$ _____, as indicated on the Membership Renewal Form.

For the monthly payment of \$ _____, as indicated on the Membership Renewal Form.

VISA

(Credit Card Number)

(Expiry Date)

MASTERCARD

(Credit Card Number)

(Expiry Date)

Print Name as shown on Card: _____

Signature Required for Authorization: _____ Date: _____

Please Note:

- 1. The information contained in this form is strictly confidential and shall only be used for the sole purpose of implementing this Electronic Payment Transfer Program.**
- 2. Payments rejected by the Credit Card Vendor will be subject to a \$25.00 administration fee.**

FOR OFFICE USE (Payment Breakdown)

Membership Category: _____

Member Certificate Deposit: _____

Key Tab Deposit: _____

Key Tab Replacement: _____

Other: _____