



Woodbridge Wolfpack Hockey Club

www.woodbridgewolfpack.com

600 Main St.

Woodbridge, NJ 07095

Office 732-596-4049

Team: \_\_\_\_\_

### Payment Authorization Form

Credit Card \_\_\_\_\_

Check /Cash \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number Associated with Card \_\_\_\_\_

CC # Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_

Email Address \_\_\_\_\_

All Credit Card Payments Will incur a 3.5% Transaction Fee by our Processing Company / For Debit Cards There is NO Fee. At this time please bill all charges to the above card. I will receive email notification of the amount and date of the next scheduled transaction date. This authorization is valid until cancelled by me in writing.

### All Forms of Payment Schedule

I Authorize All Further Payments to this CC on File

Season Tuition \$ \_\_\_\_\_

Deposit Due At Contract **\$1000** Ck # \_\_\_\_\_ Payment #1 July 15th \$ \_\_\_\_\_

Payment #2 September 1st \$ \_\_\_\_\_ Payment #3 October 1st \$ \_\_\_\_\_

**All Check or Cash Payments Are Subject to a 10 Day Late + \$10.00 Late Fee**

Signature \_\_\_\_\_ Date \_\_\_\_\_