

Credit Card Authorization Form
Please complete this form for credit card billing.

Student Name(s): _____
Last, First

Please Complete All of the Following Fields:

MasterCard Visa American Express

Name on Card: _____

Last 4 Digits of Card Number: _____

Expiration Date: (mm/yy) ____/____ 3 or 4 Digit Security Code _____

Section 2

Enter the dollar amount for each billing before any applicable transaction fee.

Membership: \$_____/mo Roster Class: \$_____/mo

In accordance with the player agreement, I authorize *The Pitching Center, Inc.* to charge my credit or debit card for the membership and/or class I have registered for. If enrolling in a membership to be billed on a monthly basis I understand and agree to the conditions set forth in the membership agreement. If enrolling in a roster style class and dividing the class fee into monthly payments there is a transaction fee of \$4.50/month on each payment after the first. The monthly transaction fee does not apply to the elite membership. I also agree to a \$25 failed transaction fee for any payment that is declined and a \$25 late fee for any payment not able to be processed within 10 days of the due date. Past due balances that are delinquent more than 60 days are subject to collections. Notice to cancel billing must be made at least 2 days prior to the billing date. Reversals for cancellation with notice of less than 2 days prior to processing will be subject to a transaction fee of \$20.

I understand and agree to adhere to all payment conditions set forth in the player agreement.

Print Name: _____

Signature: _____ Date: _____

TPC Baseball & Softball
Fax: 925-416-1600
Email: info@thepitchingcenter.com