



Recurring Payment Authorization Form

DVC requires that parents use a credit card when paying their player dues.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card, and you hereby waive any right to dispute or request a chargeback of such charges with the credit card company. You will be charged the amount indicated on the fee schedule for each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us. Alternative payment methods must be authorized by management at DVC. Please note that the deposit is non-refundable.

Player Information: (PLEASE PRINT)

First Name: _____ Last Name: _____
Phone Number: _____ - _____ - _____ Address: _____
Email: _____ Date of Birth: ____ / ____ / ____

Payment Information: (PLEASE PRINT)

I _____ (Full Name) authorize **Dynamite Volleyball Club Tampa, LLC** to charge my credit card as indicated below for a total of \$ _____, payable over a specified number of months as outlined in the attached fee schedule, and hereby waive any right to dispute or request a chargeback of such charges.
(Total Amount)

- Visa MasterCard
 Amex Discover

Cardholder Name _____ Exp. Date ____ / ____
Card Number _____ CVN (CCV) _____
Billing Address _____ City, State, Zip _____
(Leave blank if same as above)

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Dynamite Volleyball Club Tampa, LLC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company so long as the transactions correspond to the terms indicated in this authorization form.