



WASHINGTON HIGH SCHOOL FOOTBALL



6000 College Parkway
Pensacola, FL 32504
850-475-5257
www.btwfootball.org
Dr. Michael J. Roberts, Principal
Coach Dredrick Bell, Head Coach

WASHINGTON HIGH SCHOOL QUARTERBACK CLUB, INC. CREDIT CARD AUTHORIZATION FORM

Name: _____ Phone #: _____

Billing Address: _____

Email Address: _____

Childs Name: _____

Credit/Debit Card #: _____

Card Expiration Date: _____ CVV2 Code: _____

Amount to Charge: \$ _____

Charge Frequency: Weekly / Every 2 Weeks / 1st & 15th / Monthly

Specific Day: Mon / Tues / Wed / Thurs / Fri / Sat / Sun -or- Day of Month: _____

Special Instructions:

I authorize Washington High School Quarterback Club Inc to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the football dues of my child and other related expenses. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: _____

Date: _____