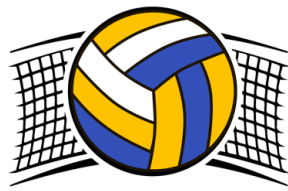


Petite



Elite

Financial Agreement & Credit Card Authorization Form 2023 - 2024 Texas Elite Volleyball Association - T.E.V.A., LLC

1. All billing will be a 1 time charge. Please provide an e-mail address which you will check.
2. Payments MUST BE with either a Master Card, Visa or Discover. Please complete the authorization form below for credit card payment. There will be a late fee charged for those credit cards that are declined. Please note that charges will show "TEVA" on your statements, please do not decline.
3. All monies paid are credited to your account. Payments may not be assigned to another player. No money will be credited from one season to the next.
4. If you resign from the club or are unable to participate for any reason, all monies you have paid will remain with the TEVA organization. There will be no refunds.

T.E.V.A. CREDIT CARD AUTHORIZATION FORM 2023 - 2024

Player's Name: _____ Age Group: _____

- I authorize Texas Elite Volleyball Association (TEVA) to automatically bill the credit card listed below for the full amount for all charges incurred for the 2023 - 2024 club season. This includes all charges that the player is invoiced for the season fees. Indicate below with an "X" which fee we are to charge.

_____ Please charge Single Session (**Winter 2023** or **Spring 2024**) \$_____ to the card below.

_____ Please charge BOTH Sessions (**Winter 2023 & Spring 2024**) \$_____ to the card below.

- I understand that resigning from the club does not always constitute a refund.
- I UNDERSTAND THAT THIS IS A LEGAL BINDING DOCUMENT. I understand that if my credit card is declined, there will be a \$25.00 late fee charged to my credit card. I UNDERSTAND THAT IF MY CREDIT CARD EXPIRES THAT I SHOULD NOTIFY THE T.E.V.A. ORGANIZATION.
- BY SIGNING THIS DOCUMENT, I AM AGREEING TO POINTS STATED ABOVE.

Signature of agreement of charges: _____

Date of Signature: _____

Please Print - Write Legibly:

Credit Card (Check one) Master Card Visa Discover

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ CVV / Security Code: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

