

2025 -2026 SCB PAYMENT CARD AUTHORIZATION FORM

Credit / Debit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____ _____	

I, _____, authorize **SALINAS COLTS & BRONCOS** to charge the card above for one or more of the events outlined below. I understand that my information will be stored on file for future transactions on my account and that I will be notified 3 days in advance that my payment will be withdrawn.

The credit card on file will be withdrawn in each of the events below:

- Buy out fee (if obligation is not met, see fundraiser addendum for obligations)
- Registration fee (if balance is not paid by 1st day of practice)
- Cheer uniform balance (if balance is not paid by July 18th)
- Cheer competition balances (if balance is not paid in full by due date)

****In the event my card is declined I will be subject to an additional \$25 fee and my child(ren) will not be able to participate in any future activities until my full balance is paid. ****

By signing below I attest that I have read and fully understand the terms of this agreement.

PARENT NAME/ SIGNATURE

DATE

PLEASE LIST ALL ATHLETE NAMES & DIVISIONS BELOW: