



Xavier Prep Crew

2011-2012 Credit Card/ACH Debit Authorization Form

Athlete's Name _____

Parent's Name _____

Please provide an email address for billing. All billing information will be delivered via email.

Email: _____

Credit Card MC Visa

Card Number _____ Exp _____ CVV(security code) _____

Billing Address _____

Name on card _____

-OR-

Attach a VOIDED check for ACH Debit

Signature _____

Charge my account monthly for dues, in the amount of \$350.00, upon receipt of this notice for each month owed starting immediately. Charges will be posted on the first day of each month through 5/1/12.

For billing questions please email us at:

Office@xavierprepcrew.net