

E CHECK AND CREDIT CARD AUTHORIZATION FORM

2011 JAMZ SUMMER CAMP

INSTRUCTIONS:

Fax this form to JAMZ Cheer & Dance at (209) 578-1617.

Team/Organization/School: _____

Camp/Clinic Location: _____

Camp Dates: _____

I, _____, hereby authorize the following charges:
PRINT NAME

Total Number of Commuter Participants: _____ Fee Per Participant: \$ _____

Total Number of Overnight Participants: _____ Fee Per Participant: \$ _____

Total Number of Coaches (Attending Clinic or Camp): _____ Fee Per Participant: \$ _____

TOTAL AMOUNT TO BE CHARGED: \$ _____ *Choose one method of payment below

***CREDIT CARD INFORMATION**

PLEASE CHECK ONE (JAMZ DOES NOT ACCEPT DISCOVER CARD) VISA MASTER CARD AMERICAN EXPRESS

Name as it appears on Credit Card: _____

Expiration Date: ____ / ____ / ____ Credit Card Security Code: _____
PRINT NAME

Billing Address: _____ City: _____ State: _____ Zip: _____

SIGNATURE OF CARD HOLDER _____ / ____ / ____ () _____
DATE CONTACT NUMBER

Please write each digit of the Credit Card Number in the 16 blocks provided below:

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***E CHECK INFORMATION**

I authorize JAMZ to initiate either an electronic debit or to create and process a demand draft against my bank account on or after the date submitted for the amount of the total charge shown above. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. **An NSF check will result in an automatic draft on my account for a \$25 NSF fee.**

My account information is as follows:

Name as it appears on Check: _____
TEAM, ORGANIZATION OR LEAGUE NAME ON CHECK

Bank ABA Number (Routing Number):

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Bank Account Number (Checking Account Number):

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SIGNATURE OF AUTHORIZED SIGNER ON ACCOUNT _____ / ____ / ____
DATE